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USAID-DFID NGO Health Service Delivery Project

ANNUAL PERFORMANCE REPORT

YEAR 3

OCTOBER 1, 2015 – SEPTEMBER 30, 2016
(INCLUDING THE FOURTH QUARTER, YEAR 3)

Contract AID-388-C-13-00002

October 2015

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Contents

Acronyms

ANC	Antenatal care
ARI	Acute Respiratory Infections
BCC	Behavior Change Communication
BCWG	Bangladesh Communication Working Group
BKMI	Bangladesh Knowledge Management Initiative
CCSDP	Clinical Contraceptive Service Delivery Program
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHT	Chittagong Hill Tracts
CM	Community Mobilization
COP	Chief of Party
CQI	Continuous Quality Improvement
CSP	Community Service Provider
CSR	Corporate Social Responsibility
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DIP	Detailed Implementation Plan
DOTS	Directly Observed Treatment Short-Course
DSF	Demand-Side Financing
DTC	District Technical Committee
ENC	Essential Newborn Care
EmONC	Emergency Obstetric and Newborn Care
EPI	Extended Program on Immunization
ESP	Essential Services Package
F&O	Finance and Operations
FAM	Finance and admin. manager
FP	Family Planning
GBV	Gender-Based violence
GIS	Geographic Information Systems
GOB	Government of Bangladesh
GUC	Grants Under Contract
HPNSDP	Health, Population, and Nutrition Sector Development Program
HR	Human Resources
HTSP	Healthy Timing and Spacing of Pregnancy
IMCI	Integrated Management of Childhood Illness
IR	Intermediate Result
IUD	Intrauterine Device
IYCF	Infant and Young Child Feeding
JHU-CCP	Johns Hopkins Center for Communication Programs
KM	Knowledge Management
LAPM	Long-acting and permanent methods
MAMA	Mobile Alliance for Maternal Action
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MH	Maternal Health
MIS	Management Information Systems
MNCH	Maternal, Newborn, and Child Health
MOCAT	Modified Organizational Capacity Assessment Tool
MOHFW	Ministry of Health and Family Welfare
MOLGRDC	Ministry of Local Government, Rural Development and Cooperatives
MOWCA	Ministry of Women and Children's Affairs
MRFP	Post Menstrual Regulation Family Planning
MS	Milestone
NGO	Nongovernmental organization
NHSDP	NGO Health Service Delivery Project
NSDP	NGO Service Delivery Project
NTC	National Technical Committee
NUK	Nari Uddug Kendra
OCAT	Organizational Capacity Assessment Tool
PD	Project director
PNC	Postnatal Care
PPFP	Postpartum Family Planning
PoP	Poorest of the Poor
QMS	Quality Monitoring and Supervision
RH	Reproductive Health
SAA	Social Action and Analysis
SBA	Skilled Birth Attendant
SDLG	Strengthening Democratic Local Governance
SH	Surjer Hashi
SHCSG	Surjer Hashi Community Support Group
SMC	Social Marketing Company
SMT	Senior Management Team
SRH	Sexual and Reproductive Health
TL	Technical Lead

Activity Summary

Implementing Partner: PATHFINDER INTERNATIONAL

Activity Name: **USAID-DFID NGO Health Service Delivery Project**

Life of Project: **December 10, 2012 – December 9, 2017**

Total Contract Amount: $ 82,746,498

Obligations to date: **$ 63,543,460**

Estimated expenditure during this period: **$ 45,216,352**

Partners: Pathfinder International with Bangladesh Center for Communication Programs (BCCP), CARE Bangladesh, Nari Uddug Kendra (NUK), Social Marketing Company, John Hopkins University, Bloomberg School of Public Health, Center for Communication Programs (JHU-CCP)

Report Submitted by: **Dr. Halida H. Akhter, Chief of Party, USAID-DFID NHSDP**

Submission Date: October 31, 2015

Executive Summary

Project Year Three (Y3), from October 2014 – September 2015, was **a year of growth and achievement** for NHSDP and the Sujer Hashi (SH) network. The client base continued to expand, with over **39 million client contacts** as compared to 38 million in the previous year. Out of these **41.8% were services for poor clients**, slightly exceeding the project's overall milestone of 40%. At the same time reported **cost recovery increased to 35%** from 31% in Y1 to 33% in Y2 (the end-of-project milestone is 40%).

Access to the essential service package (ESP) for health increased during the year, including expanded access to antenatal care (ANC) services through outreach satellite clinics beyond the existing SH Clinic catchment areas. Nutrition promotion and services, introduced in Y2, were expanded in selected areas. HIV counseling and testing was integrated in ten clinics on a pilot basis, with three SH Clinics merging services from three nearby VCT clinics and seven VCT clinics expanded to include the full ESP package. Particular efforts were made to increase access to ESP in the underserved Chittagong Hill Tracts area through collaboration with UNDP and local NGOs. This will continue in Y4.

Quality of services in the SH network was improved through technical and managerial trainings, listed in Annex F. Technical assistance included project Technical Leads conducting an annual visit to 234 out the 391 static clinics. Due to countrywide unrest in the second quarter not all clinics could be reached. An updated Clinical Monitoring Checklist used during each visit resulted in identifying gaps and formulating action plans with the Clinic Manager and copied to the NGO head office. In keeping with USAID regulations, particular attention was given to family planning compliance (satisfactory) and environmental compliance (segregated waste receptacles installed in all clinics with waste disposal plans being implemented).

NGOs continued to use the Quality Monitoring and Supervision (QMS) tool to provide supportive supervision to clinics every six months. In response to identified gaps, specific trainings were organized and/or project Thematic Leads conducted clinic visits for on job training. An assessment focused on **women and girl-centered services** indicated that most clinics are implementing key steps to ensure women's access, privacy, respect and engagement.

The number of **couple years of protection (CYPs)** reported was slightly less (93%) than the target for the year, at 1,545,351. Steps were taken to increase long-acting permanent methods (LAPM) through roving teams of expert service providers. This will be increased in Y4.

The number of antenatal care (ANC) visits and deliveries increased in Y3 compared to previous years, but post-natal care was down slightly from last year. To strengthen newborn care, a comprehensive essential newborn care (ENC) training was organized for some key service providers, and an ENC checklist was revised to be more user-friendly, particularly for Community Service Providers (CSPs).

The number of **youth accessing RH services exceeded the target** for the year, with 7.4 million service contacts against a target of 6.5 million. Promotion of family planning and reproductive health (FP/RH) among adolescents and youth was prioritized through widespread implementation of the Adolescent Newly-married Girls Events of Life (ANGEL) model, which will be further scaled up in Y4.

Increased collaboration with government included the formation of an Inter-Ministerial Advisory Committee with representation of eight ministries along with USAID-DFID and NHSDP. A special focus on reaching the urban poor was discussed with the Dhaka North City Corporation and several Municipalities around the country. NGOs and clinics were more effectively linked with local government for coordination and planning, including ways to reach the poor. This included jointly developed work plans and referral systems, with NGOs reporting progress to government.

Healthy behaviors and care-seeking practices were promoted through a combination of behavior change communication (BCC) activities and community mobilization (CM). This included a variety of printed materials widely distributed through SH static and satellite clinics as well as Community Service Providers. Television spots and drama serials were also produced and aired on popular channels.

To build the capacity and focus the efforts of **nearly 9,000 SH Community Support Groups** (SHCSGs), a Community Mobilization Manual was developed and put into action through a cascade training approach that reached thousands of SHCSG members. This contributed to 3,447 SHCSGs developing community action plans; 2,890 preparing community maps to support referral; and 2,220 developing emergency transport plans, especially for pregnant mothers. Pregnant mothers were also given special attention and support through the Red Flag initiative to bring more attention to them, and the Three Day Vigilance program to assist them through delivery and the first few days after.

NGO's institutional capacity was built through technical assistance that focused on leadership and governance, staff retention, income generation and financial control systems. Two NGOs were selected for transitioning to direct USAID funding through an extensive process to ensure their governance and management capacities. However, neither of them qualified for transition during Y3. The performance based grant (PBG) introduced earlier in the project continued to be implemented and improved, allowing for NGOs to earn up to a 10% premium on their core expenses if they meet a set of ten performance indicators.

The project's monitoring and evaluation (M&E) systems were strengthened, especially with a new management information system (MIS) that consolidated several data collection formats as well as several databases. This consolidated system was rolled out to all SH Clinics with about two-thirds currently implementing it. Further TA in Y4 will ensure full implementation.

In keeping with a Communication Strategy approved by USAID, **project achievements were highlighted** in local media, through several local and international forums and through VIP—including donor and government representatives— visits to SH Clinics and communities.

The NHSDP contract underwent six modifications during the year to increase the obligation and amend certain contract clauses. One major modification, number 9, revised the scope of work, deliverables and milestones. A performance audit was conducted by the USAID Regional Inspector General (RIG), resulting in several recommendations to USAID which are being followed up by the project and fully implemented by the first quarter of Y4.

The following report provides a more detailed overview of project activities and achievements for Y3. **The report is organized in line with the latest version of milestones by Intermediate Result (IR) as articulated in Modification 9**. All deliverables are included, even those achieved earlier in the project, in order to provide an overall context for progress to date and continuity of effort going forward. In addition to the progress report against milestones, additional sections and annexes provide details of key areas such as project indicators, expenditure, trainings, and environmental compliance.

Section I: Annual Progress

IR 1: Client base expanded, especially for the poor, for a quality essential service package

Sub IR 1.1: Improved access, especially for the poor, to a quality ESP through a cohesive network of NGO static clinics, satellite clinics and CSPs

MS 1.1.1: Selection criteria for local NGO partners are documented

Completed in project Year 1 (Y1), which ended 30 September 2013

MS 1.1.2: GUCs awarded to local NGO partners

Completed in Y1

MS 1.1.3: At least 35% of service contacts qualify as poor (in Y1)

In **Y1 36%** of service contacts in the Surjer Hashi (SH) network were with poor clients, slightly exceeding the milestone for that year. The project continued to pursue a pro-poor approach, with service contacts with the poor increasing to **38% in Y2** and to **41.8% in Y3** (with no associated milestones). Milestone 1.1.18 is for 40% of service contacts to qualify as poor at the end of project. Although this was achieved in Y3, efforts will continue to maintain, and perhaps even increase, the level of service provision for the poor.

MS 1.1.4: SS (supportive supervision) clinic management guidelines are revised (in Y1)

A Clinic Management Guideline developed in Y1 was updated and translated to Bangla for distribution to all SH Clinics by the first quarter of Y4. This supports an ongoing monitoring and supportive supervision process described more fully under Milestone 1.1.7.

MS 1.1.5: Clinic management information systems established and data used for program planning and management

Completed in Y1—see M&E section below regarding updates and improvements in the MIS in Y3.

MS 1.1.6: Plan for technical assistance to NGOs developed

Technical assistance (TA) and training plans were reviewed and updated for Y3, including a plan for NHSDP Technical Leads (TLs) to visit each SH Clinic once during the year. The number of TLs was increased from 8 to 18, with specific NGOs and clinics assigned to each one. Due to security restrictions for most of the second quarter (Q2) many field visits were not feasible. Altogether 234 out of the 391 clinics were visited by TLs during Y3, with another 70 visited by the Finance and Operations (F&O) Team. All visits included monitoring FP/RH compliance and Environmental Management and Monitoring Plan (EMMP) compliance.

At the beginning of the year TLs were oriented on all the thematic areas of the ESP and clinic management, and a **Clinic Monitoring Checklist** (CMC) was developed for TLs to use when conducting visits. NGOs were also oriented to the checklist and can use it in their own monitoring plans. Following a clinic visit a TL, performance feedback is given to Clinic Managers including identifying gaps and helping prepare an action plan to address these. Recommendations and a timeframe are recorded and sent to the NGO headquarter for follow-up. Regular teleconferences were held throughout the year by TLs with their respective NGO HQs to further support the process.

NHSDP Thematic Leads conducted additional more in-depth clinic visits focusing on their respective themes (maternal health, newborn care, FP/RH, common diseases, nutrition, etc.) and providing post-training follow-up in specific areas. To the extent possible clinic visits were made jointly with the NGO PD, MO, or other relevant official.

During the year a number of **common gaps were identified** through clinic monitoring visits. These included low number of client contacts; low number of women receiving 4 antenatal care (ANC) checkups; low awareness regarding missed opportunities for additional services; inaccurate or inadequate information recording and reporting; inadequate nutrition counseling; lack of clarity about properly identifying poor and poorest-of-the-poor (POP) clients; and many providers were not well versed on various clinical guidelines. Feedback and action plans to address these were developed on a case-to-case basis in collaboration with the relevant NGO headquarter.

Training was also developed and implemented to help address the gaps. A detailed list of trainings conducted in Y3 is included in **Annex F**. Some highlights included training in support of a comprehensive and integrated essential service package (ESP). An orientation was held for 354 Clinic Managers (CMs) focusing on components of thematic areas, guidelines to achieve results and clinic management details using the Clinic Management Guideline. An ESP integrated training curriculum was developed and translated into Bangla for rolling out to Service Promoters (SPs) and Community Service Providers (CSPs). Fifty Master Trainers were trained in August, and an initial batch of 25 SPs was trained in Q4 of Y3. The remaining 300 SPs and 660 CSPs targeted for this training will receive it in Y4.

Other key technical trainings in Y3 included a 5-day comprehensive training on newborn care; training on syndromic management of STIs/RTIs for paramedics and doctors conducted in Q4; training on IUDs for paramedics; and implant training for selected doctors.

MS 1.1.7: Supportive supervision plan for NGOs to supervise clinics developed

A supportive supervision plan for NGOs to support their clinics includes **6-monthly review visits using the Quality Monitoring and Supervision (QMS)** which has been in use in the SH network for a number of years. Revisions to the QMS were introduced and rolled out during the year. The QMS enables Clinics and HQ staff to assess their own gaps and take timely actions to address key issues. To increase effectiveness of this process, 354 out of 338 CMs were oriented in Y3 on all the ESP thematic areas by the respective Thematic Leads. Orientation included self- assessment using the Clinic Monitoring Checklist, with follow-up discussion to clarify questions and improve knowledge.

In April 2015 a comprehensive week-long **Performance Review Meeting** was held with all 25 SH NGO PDs, other NGO officials, GOB officials and NHSPD partners. USAID and DFID also participated. NGOs presented their progress and challenges. Monitoring and supportive supervision tools and plans were reviewed and discussed in order to improve implementation. A media dialogue with journalists was arranged to showcase the SH network.

Based on field findings from clinic monitoring, informal meetings were held with the Project Directors of Swanirvar, CWFD, Bamanah, SMC and JTS to explore overcoming these gaps. Teleconferences for the same purpose were held with: PKS, Shimantik, UPGMS, Bandhan, Image, SUS and Proshanti.

Special support was provided during the year to Swanirvar, the largest NGO with 55 clinics, to address the issue of staff retention, particularly medical doctors. A meeting was held in June with a number of the doctors to discuss their role, responsibilities, and performance expectations. The importance of their clinical contribution to the program was emphasized, and special efforts were made to increase their motivation.

MS 1.1.8: At least 90% of clinics have women and girl-centered services as confirmed by quality assurance checklist

Mainstreaming gender equality was a key activity in Year 3. Clinic staff were receptive and keen to implement gender equitable approaches in service delivery such as privacy and confidentiality during counseling and promoting client selection of an FP method. They also were committed to promotion of women and girl-centered services; identification, counseling and treatment gender-based violence (GBV) survivors; and use of a quality assurance checklist.

A quality assurance assessment of seven key elements of women- and girls-centered services was conducted across 330 clinics (excluding recent expansion clinics) in July and August 2015. Overall about **85% of clinics were maintaining women and girl-centered services**. Findings included the following, with final report to be submitted in Y4:

1. Service delivery quality improved (choice, privacy, individual needs assessment, information)
   - About 90 percent of clinics ensure client's right to choose desired FP method
   - All clinics have a separate room with adequate privacy (visible and audible) for counseling and internal examination.
   - All clinics provide information through counseling, leaflets, price list, etc.; however some printed information needs updating.
   - About three-quarters of clinics properly maintain confidential files on GBV cases.
2. Almost all clinics provide services to women and girls tailored to a lifecycle approach.
3. Almost all clinics conducted GBV referral mapping, identifying SHC locations and referral facilities.
4. Almost all clinics see clients irrespective of age or socioeconomic status.
5. Providers at all clinics are trained on gender.
   - Most clinic staff has been trained in gender and GBV counseling. By the middle of Y3, 653 staff had attended a 3-day basic training course which was cascaded to about 6000 staff overall.
6. All clinics remove service barriers, including through separate waiting, exam, and toilet areas for women and girls; as well as female staff to examine, counsel, and treat.
7. Women and girls participate in planning and monitoring of services through Surjer Hashi Community Support Groups (SHCSGs) which have about 40% active participation of females.

Some challenges identified included internalization of and maintaining gender sensitivity and practices by all level of NGO and Clinic staff; turnover of trained staff; and achieving equitable participation of women in NGO Executive Committees. Technical assistance in Y4 will focus on addressing these challenges in the clinics that are particularly weak.

To further enhance gender awareness in health service provision, a 1-day **orientation on "Social Analysis and Action (SAA)"** was conducted for 19 batches of Master Trainers. These 515 trainers subsequently conducted cascade training for 2,871 SH Clinic staff. The training focused on helping service providers be more aware of their own attitudes and values around gender and power status and how this can influence care provided to clients.


SAA orientation for SH NGO & Clinic staff

For clinics new to the SH network, as well as for clinics which were left out earlier due to security restrictions, training was provided in Y3 for 3,469 staff on "Gender equitable approaches to service delivery, GBV screening and counseling to survivors."

Workshops were held in the catchment areas of 9 clinics for building social awareness on gender equality, reducing GBV, and formation of a network with GOB and Human Rights and Legal Aid support organizations to support GBV survivors. Social change makers, SHCSG members, teachers, students, parents as well as GOB officials attended these workshops. Due to SH NGO budget constraints additional workshops could not be held in Y3, but there is a plan to do so in Y4.

In Y3, **3,715 GBV clients were screened and counseled** at SHCs. Among them 385 survivors were referred to different health services and legal-aid support organizations, including Women Affairs Department, Bangladesh Mohila Parishad, BLAST, BNWLA, Ain O Shalish Kendra, BRAC, Coast, Light House, local police station and village court of local government institution.

A **Gender Working Group (GWG)** facilitated by NHSDP met in June 2015, with 25 member organizations participating. The focus was on promoting male engagement in Sexual and Reproductive Health Rights (SRHR). The group agreed to further promote male involvement going forward in their respective organizations and groups. Presentations were given on:

- Engaging Men at the Intersection between GBV and SRHR
- SAFE: Addressing SRHR and Violence against Women and Girls in Dhaka Slums
- Male Participation in Promoting SRHR: Why & How?

The following activities are planned for Y4:

- Gender assessment of NHSDP, starting from Y4, Q1
- Finalization of guidelines on "Positive Masculinity and Male Participation in Sexual and Reproductive Health Services"
- Central level MOU with OCC is under process. But local level collaboration has already been established, and NGO clinics have started referring GBV survivors to the nearby OCC centers. Local level networking also has been continued with GOB, human rights and legal aid support organizations and local govt. institution.

MS 1.1.9: At least 90% of clinics implement a continuous quality improvement plan

In addition to the QMS described under Milestone 1.1.7, SH Clinics are expected to formulate an **annual work plan, which includes elements of continuous quality improvement**. In Y3 98% of clinics reported having an annual work plan, with 85% of those plans developed in collaboration with local government officials. The plan includes FP activities for which the government provides support (free commodities) and clinics must report to the government. It also includes a written referral plan.

Other quality improvement activities in Y3 included four **Clinical Quality Council (CQC) meetings held** with the NGO Monitoring Officers (MO), Project Managers (PM) and staff of SMC clinics. FP/RH compliance was given special emphasis in line with specific USAID regulations. In March, a 3-day **"ToT on Infection Prevention (IP) Practices"** was conducted for 17 MOs and Paramedics, and another for 11 Paramedics and 11 Clinic Aids. These were facilitated by OGSB with financial support from EngenderHealth. In June a 1-day refresher training on IP was held for 26 Monitoring Officers.

All NGO MOs completed **Environmental Compliance** monitoring visits in all SH Clinics using the Bengali checklist. A **waste management plan** was developed and received approval from USAID in Q2. Currently, 34 SH Clinics in Dhaka, 9 in Chittagong and 17 in Khulna are practicing off-site waste disposal through Prism Bangladesh, Innovation Sheba Shagshta, and Prodipan respectively. In addition, 68 clinics ensure off-site medical waste disposal through different City Corporations or the Municipality waste disposal system. Clinic managers of the remaining clinics were linked with local government hospital to use a common dumping system. If a common dumping place is not available clinics coordinate with the local community to identify a place for a burial pit for off-site medical waste disposal. **Four color-coded buckets** are in use in all SH Clinics to ensure segregation of medical waste.


Training of Environmental Compliance

Waste Management Buckets

Training on infection prevention and waste management was conducted for NGO staff in Khulna, including doctors, paramedics and NHS

Clinic Aids. Orientation on waste management plans was conducted for all NGO Monitoring Officers and Project Managers.

MS 1.1.10, 10a: At least 25% increase in CYP from baseline

MS 1.1.10a: 948,264 additional CYP over the life of the project

In Y3 the **SH network achieved 93% of the projected number of couple years of protection (CYP)** for the year, with 1,545,351 out of 1,656,500. Long-Acting Permanent Methods (LAPM) contributed on 5.5% to the total. An internal review by NHSDP in Y3 indicated that there is stagnation in terms of increasing CYPs, and particularly for LAPM. One contributing factor is that newly established SH Clinics have not yet received DTC approval from the GOB and are therefore not providing free commodities supplied by the government. This issue will continue to be addressed in Y4. Increasing the method mix will also be a focus for Y4.

To revitalize LAPM use among clients in late 2014, NHSDP used a tracking system disaggregated by acceptor and method uptake, which enables NHSDP to identify potential LAPM clients (e.g., tracking long-term injectable users to provide them with information about long-acting methods; tracking young married adolescents and newlyweds to promote long-acting methods for delaying first pregnancy). This strategy led to a **49% increase in LAPM CYP in 40 Ultra Clinics, and a 46% increase in LAPM CYP in 121 vital clinics. LAPM CYP was found to increase overall by 47%** (10,417 to 15,323 LAPM CYP). The increase was highest among rural Vital (56%) and urban Ultra (52%) Clinics.

LOC signing ceremony with RTM

To increase LAPM, NHSDP signed a letter of collaboration (LOC) with RTM, an organization that deploys doctors in **roving teams to provide LAPM services at SH Clinics** where trained service providers are not available. 103 outreach sessions were organized by 7 Roving teams at 59 clinics of 15 NGOs: FDSR, UPGMS, Shimantik, SSKS, Bamaneh, VPKA, VFWA, CWFD, SUPPS, Tilottama, Image, PSF, PSKS, JTS and Swanirvar. Through these outreach sessions, 304 IUDs, 353 implants, 20 tubal ligations and 6 vasectomies were performed. In Y4 the number of outreach sessions around each clinic will be increased, and SPs and CSPs will be trained on more effective counseling and referral for LAPM.

In collaboration with EngenderHealth Bangladesh (EHB), a plan for **training service providers on LAPM, PPFP and infection prevention** was developed. In collaboration with the Directorate General of Family Planning (DGFP) and EHB, 9 doctors were trained on LAPM and 33 paramedics on IUD. The participants were from Proshanti, Bandhan, PSF, SSKS and Sawanirvar SH clinics. In addition, 10 doctors received a 3-day training on implants; and 21 paramedics and 15 doctors received a 3-day training on PPFP focused on providing IUDs. Training for an additional 25 CEmONC clinic doctors is planned for Y4.

HTSP messages were incorporated in the Adolescent Newly-married Girls Event of Life (ANGEL) Model. These messages are shared with newly married couples and first-time parents through group meetings and home visits in the catchment areas of SH Clinics. In Y3 these meetings included 2,361 ceremonies for newly marrieds; 5,777 group meetings with pregnant women and women with one child; 1,673 group meetings with husbands; and 2,035 group meetings with mothers-in-law.

Guidelines for PPFP and ECP were developed in Bangla, adapted from a GOB manual. PPFP and ECP are included in the integrated training manual for the SPs and CSPs. A guideline for building capacity of SH Community Support Groups (SHCSGs) was developed with Health Timing and Spacing of Pregnancy (HTSP) and FP method information to assist SHCSG members in referring clients to CSPs, satellite clinics and static clinics for services.

A **Social and Behavior Change Communication (SBCC) campaign in support of FP/RH** was planned and designed jointly by NHSDP and three other USAID partners. Beginning in Y4 NHSDP will implement this

campaign throughout the SH network in an effort to increase FP acceptors all over the country. The plan was shared with the GOB and other stakeholders so that there is uniformity in the slogan for this campaign used by stakeholders throughout the country.

A 2-day workshop titled "Clinical Family Planning Methods and Infection Prevention" was organized for 25 MOs on all FP methods, side effects, medical eligibility criteria (MEC) and PPFP.

NHSDP signed an LOC with Marie Stopes Bangladesh (MSB) in April to establish a **two-way referral mechanism** among the SH and MSB clinics, ensuring greater access to services including LAPM, postpartum LAPM, post-MR FP and safe delivery. SH Clinic clients requiring services related to Menstrual Regulation and Post Abortion Care (PAC) will be referred to MSB clinics. MSB will refer clients for LAPM, post-MR FP, skilled delivery, ultrasonography, lab tests and pharmaceuticals to SH Clinics.

LAPM training of doctors and paramedics

An **international workshop on PPFP** was held in Thailand with representatives from 16 countries in Africa and Asia. A 9-member team from Bangladesh attended including participants from DGFP, USAID, UNFPA, Pathfinder International (NHSDP), Engender Health, and Marie Stopes Bangladesh. After returning to Bangladesh, a 15 member country working group was formed, including representation from NHSDP. This group will be responsible for helping to ensure greater implementation of PPFP activities in Bangladesh.

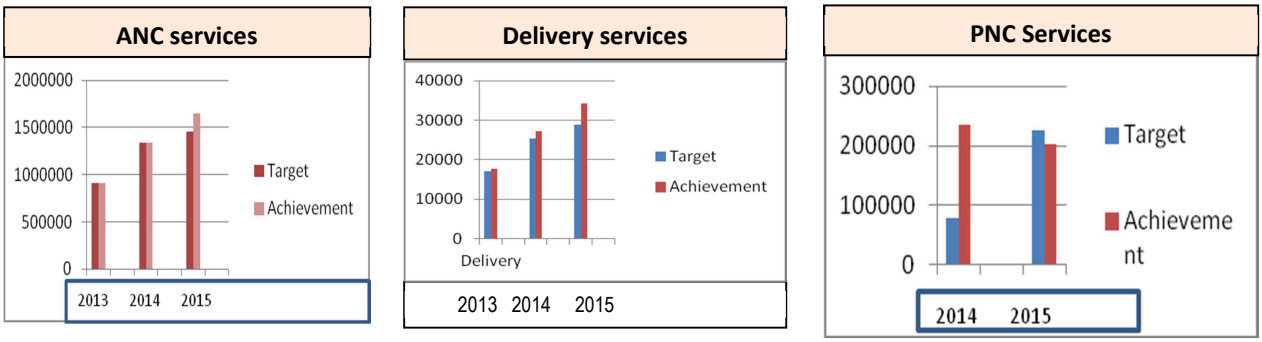
MS 1.1.11: At least 30% increase in delivery assisted by SBA in targeted communities from baseline

MS 1.1.11a: 38,292 additional births assisted by skilled attendant

MS 1.1.13: 7,070,466 ANC checkups provided to pregnant women over the life of the project

MS 1.1.14: 331,248 PNC services are provided to women with childbirth within 48 hours after birth

Maternal health service contacts in the SH network continued to increase in Y3, as can be seen from the graphs below.



Initiatives to achieve this increase in Y3 included expanding ANC services beyond the existing catchment areas of SH Clinics through satellite clinics; registration of all pregnant women using the Family Welfare Assistant (FWA) register; strengthening counseling on birth preparedness and complication readiness; organizing outreach services in underserved communities; and strengthening linkages with nurses, midwives, Family Welfare Visitors (FWV) and SBA providers in the neighborhood (listed during community mapping of the clinics).

A 2-day **orientation** focusing on implementation of different ESP services, with special **emphasis on maternal health**, was held for SH Clinic Managers, Project Managers and Monitoring Officers. The capacity of paramedics was built, with 68 receiving Safe Delivery Training in Y3.This includes conducting safe deliveries at home and in facilities.

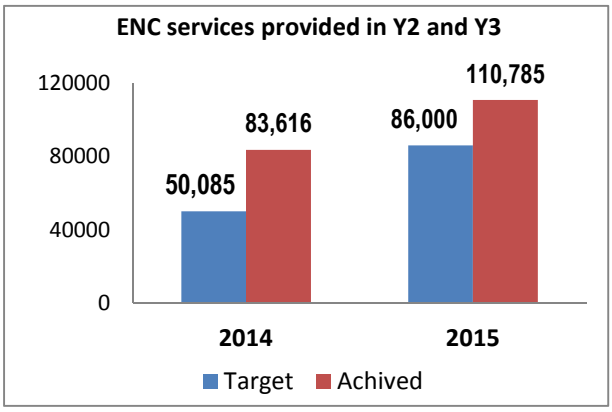
An MOU was signed with Revitalization of Community Health Care Initiatives in Bangladesh (RCHCIB) to **establish linkages between their Community Clinics and SH Clinics**, as well as for providing services for the underserved, hard to reach areas, and the poor. A two-way referral system has been established mostly for laboratory investigation, ultrasonography, ANC and deliveries.

An LOC was signed with MaMoni, Strengthening Health Service Delivery System (HSS) to identify areas where maternal health services are lacking and for SH Clinics to help provide services in those areas. Noakhali was identified as a hard to reach area where MaMoni supports government services, and where some SH Clinics are nearby. NHSDP agreed to have SH Clinics provide maternal health services in the identified gap areas.

An LOC was signed with EHB to address maternal morbidity, particularly related to **vesico-vaginal fistula**. SH Clinics will identify fistula clients in the community and refer them to a CEmONC clinic for confirmation of diagnosis. They will then be referred to a selected fistula care hospital. To address the three delays and help prevent fistula, unified messages were developed in collaboration with EHB. These will be disseminated to raise awareness in the community.

MS 1.1.12: At least 30% increase number of newborns born in supported clinics receiving immediate newborn care from baseline

Uptake of newborn services increased in Y3, with a total of 110,785 Essential Newborn Care (ENC) service contacts provided at SH Clinics, satellites, and through CSPs at the community level. This is 129% of the reporting year's target for Milestone 12.



NHSDP emphasized **capacity development of service providers for newborn care** in Y3, especially the priority interventions of the GOB's "Promise Renewed" action plan. This includes use of 7.1% Chlorhexidine for cord care, newborn resuscitation, management of newborn sepsis, and Kangaroo Mother Care for low birth weight babies.

A 5-day **Comprehensive Newborn Care Package (CNCP) training** was provided to 92 MOs and Paramedics from different SH Clinics in collaboration with the Saving Newborn Lives (SNL) program of Save the Children and the GOB. Ten paramedics were provided a 2-day refresher training on Helping Babies Breathe (HBB) in collaboration Bangabandhu Sheikh Mujib Medical University (BSMMU). More than 354 Clinic Managers were oriented on integrated newborn and child health services by NHSDP.

The **ENC checklist was revised** to align with the national standard and be more user-friendly, particularly for CSPs. Onsite TA for this checklist was provided to 32 SH Clinics throughout the year. All these initiatives contributed to the increase in ENC service delivery. These achievements were presented at the International Conference on Urban Health (ICUH) Health 2015.

MS 1.1.15: At least 30% increase in number of childhood pneumonia cases treated with antibiotics by training facility/community workers from baseline

In order to be on track for meeting this milestone, the target for Y3 was 169,000 child pneumonia cases treated with antibiotics, against which 140,463, or **83% of target**, were reported. One explanation for the lower number is that most pneumonia cases occur during the winter, but due to political unrest during that period (January- March) children were less able to access services.

Capacity building for CSPs on ARI case management was provided during Y3, but a planned training on Integrated Management of Childhood Illness (IMCI) for Paramedics could not be organized as the revised budget was not approved.

MS 1.1.16: At least 25% increase in number of youth (15-25 years) accessing reproductive health services

The Y3 target for accessing services by youth and adolescents was 6.5 million, whereas over 7.4 million (114%) was the reported number throughout the SH network, including through static clinics, satellite clinics and CSPs.

1) Health Leaders at school;
2) Providing Information to adolescent at school

As mentioned above, the **ANGEL Model strategy** for adolescent sexual and reproductive health was translated to Bangla and shared with the SH NGOs for roll-out in all 388 SH Clinics. Thousands of youth were reached including adolescents in schools and colleges, newly married couples, and adolescent (15-25 years) pregnant mothers and first-time parents (see Milestone 1.1.10 for numbers). The ANGEL Model guidelines and the criteria for Youth Friendly Health Services (YFHS) were shared with all SH PDs at the Performance Review Meeting in April. A curriculum was developed for integrated training of SPs and CSPs. Adolescent and Youth Sexual and Reproductive Health (AYSRH)-related topics are addressed in the curriculum as per requirements for implementing the ANGEL Model.

Criteria for **youth-friendly health service (YFHS)** were incorporated in the Guidelines and Checklist for Women and Girl-Centered Services at SH Clinics, which was finalized and shared with all SH NGOs. These criteria were incorporated in the QMS. Plan International provided training on YFHS for 25 participants comprised of counselors and paramedics from 16 clinics (CWFD, BAMANEH and KAJUS) in Barisal and Dhaka area. Additional training is planned for Y4.

A booklet with **essential information on adolescents and youth**, published by the DGFP, was distributed to all SH clinics for providing information on ASRH in schools. A brochure for adolescent and youth sexual reproductive health (AYSRH) was developed by NHSDP for unmarried adolescents in schools, with basic information on pubertal changes during adolescence; on child marriage; on GBV; on adolescent nutrition; and on HIV. A module was developed to train the SHCSG leaders on ASRH and FP related information, including information to share with the communities to promote referral of clients to CSPs, satellite and static clinics.

To **ensure collaboration of ASRH activities** between relevant stakeholders, an ASRH forum was formed under the leadership of the DGFP comprised of relevant ministries, NGOs and UN agencies. NHSDP is an active member of this forum. NHSDP provided support to the GOB to finalize a YFHS training manual for health care providers. The final version of the “Know Yourself” booklets was finalized by the DGFP and will be printed by NHSDP in Y4 for all SH Clinics.

Five Young Mothers Clubs were formed on a pilot basis in Y3 in order to raise awareness among young mothers and young married women regarding FP, ANC and PNC.

MS 1.1.17 At least 20% increase in clients that respond favorably to provider-patient interaction

See MS 2.2.1 for details regarding client satisfaction.

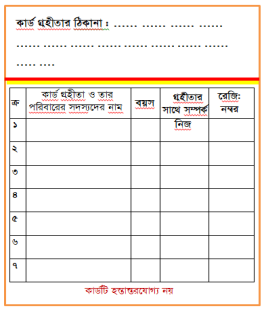
MS 1.1.18: At least 40% of service contacts qualify as poor (by the end of contract)

In Y3 41.8% of service contacts in the SH network were reported as being with poor clients. A uniform **pro-poor health benefit system** was introduced to the SH network to help identify poor, poorest of the poor, and able to pay clients, based on a set of simple guidelines for urban and rural communities (see table below). This was developed through a series of consultative meetings with the SH NGOs and development partners.

Each client is assessed according to a set of 5 criteria. If they meet just one criterion, they are classified as poor. If they meet more than one criteria they are classified as poorest of the poor (POP). If they do not meet any criterion they are an able-to-pay client.

SL	Urban	Rural
1	Living in poor cluster/area	Households who do not own land
2	Living on streets/ homeless/ temporary shelters or slums	People living in and around areas affected by river erosions (Char)
3	Food or equivalent money is not available for more than 3 meals at home anytime during last week	Food or equivalent money is not available for more than 3 meals at home anytime during last week
4	Identified as Poor/ POP by Government or other NGOs	Identified as Poor/ POP by Government or other NGO
5	Anyone who has an SH poor card	Anyone who has an SH poor card

In keeping with the 3-tier classification, **uniform health registration cards were developed**, printed and distributed to all SH Clinics. These cards are named as "Least Advantaged (LA)" for POP clients; "Health Benefit Card (HBC)" for poor clients; and "Family Care Card (FCC)" for able-to-pay clients.



Cards are provided to all clients at SH static and satellite clinics. For poor clients a one-time fee of BDT 10 is charged, and for POP clients the card is free. The card holder receives services at SH Clinics at a discount price depending on the types of card. This system also helps to track client profiles and ensure that the poor and POP are reached as per project targets. All family members may enroll with one card, and a unique registration number is assigned to each client.

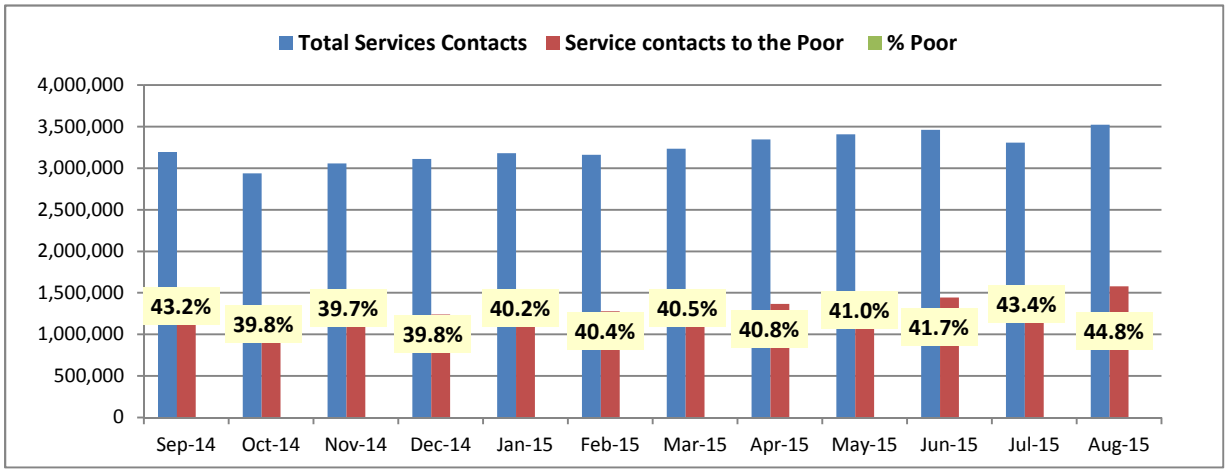
The **Poor and POP Guidelines were distributed to all SH NGOs**. The guidelines explain to identify and categorize poor clients, what benefits they may receive and how to monitor and document services for the poor. An orientation on the guidelines was provided to 354 Clinic Managers. After receiving the orientation, the managers provided the same orientation to all staff through their monthly meetings.

The GOB has a **Demand Side Financing (DSF) fund** in 53 Upazilas where 25 SH Clinics are located. Out of these, 15 are receiving DSF funds and participating in the DSF program. Discussion with the Ministry of Health is ongoing for inclusion of additional SH Clinics in the DSF program. DSF funds are used for promotion of maternal healthcare, especially for the poor.

An LOC was signed with UNDP for **collaboration with the UPPRP** whereby beneficiaries of UPPRP will have access to health services from SH Clinics. Discussions took place regarding similar LOCs with Save the Children and CARE, but they are currently concluding their 5-year food security projects and the follow-on projects have not yet started.

The Y3 **target of 38% service contacts with poor or POP clients was exceeded** in each month across the SH network, as can be seen from the graph below. All SH Clinics initiated the uniform health registration card system in July 2015. This system will help to improve the counting of poor and POP client visits.

MS 1.1.19: At least 25% increase in annual service contacts from baseline at NGO partner clinics



In Y3, the number of service contacts in the SH network was 39,309,855, which was marginally lower than the target for the year and **about 20% higher than the annual baseline.** An upward trend over the past two years indicates that the project is on target to achieve an annual increase of 25% above the baseline by end of project.

Several **initiatives to increase service contacts** were undertaken in Y3, including standardization of services, supportive supervision and TA, improved monitoring, increased branding, promotion of services through BCC and CM, and expansion of ANC services outside existing catchment areas.

Efforts were also made to **rationalize services for greater efficiency**. An efficiency analysis of human and financial resources was conducted, looking at monthly clinical performance by static clinic, satellite clinic and CSP, along with information on staffing and cost recovery.

Based on this information, **a rationalization workshop was held in August** with all SH NGOs to identify high and low performing clinics. Through a group exercise, recommendations were made to upgrade, downgrade or relocate certain clinics. These recommendations were taken home by each NGO in order to develop a proposal for any changes required in their clinics, including a work plan and budget. NHSDP evaluated proposals against the rationalization criteria and negotiated changes with NGOs. Concurrent with this was the annual budget modification process of performance-based grants for 2015-2016.

MS 1.1.20: Expansion of SRH services to integrate selective HIV interventions in selected areas

For **integration of HIV and ESP services,** 10 voluntary counseling, testing and prevention (VCT) centers operated by the USAID-funded Modhumita project were brought under NHSDP in October 2014. To reduce stigma and discrimination, and to enhance access of high risk populations to the ESP, a model of **bi-directional integration** of HIV-ESP and ESP-HIV service packages was implemented. HIV prevention and care services provided in 3 freestanding VCT centers were moved and integrated into 3 SH Clinics located nearby starting from November 2014.

For 7 VCT centers, ESP services were added and integrated starting from January 2015.The expanded service delivery model of integration includes screening, treatment, and referral for RTI/STI/HIV, maternal and child health services, nutrition, FP, and diagnostics. Mainstreaming of these clinics through guidelines, policies and branding as Surjer Hashi Clinics was undertaken.

In Y3, the SH network reached 235,461 clients with HIV/STI prevention messages through individual and/or group meetings and Voluntary Counseling and Testing (VCT) services through static and outreach services. HIV counseling and testing services were provided to 7,265 persons of which 7 persons tested positive for HIV. Positive clients were referred to an HIV peer support group for further management. This reflects the low prevalence of HIV in the general population in Bangladesh. The GOB and donors continue to support such services to ensure managing any flare-up of the epidemic in future.

STI counseling, diagnosis, and treatment services were provided to 2,308 clients, and 10,355 condoms distributed for prevention of HIV and STI. 762 presumptive TB cases were screened and referred to an NTP-affiliated facility for laboratory diagnosis and treatment.

MS 1.1.21: Expansion of selected services in Chittagong Hill Tracts (CHT) to augment health service activities

The Chittagong Hill Tracts (CHT) are an underserved area with remote communities that are hard to reach. USAID is committed to improving access to quality health services in this region. Under NHSDP, FDSR NGO currently operates 7 SH Clinics in the three districts. One is an EmONC clinic (Khagrachari Municipality). In Y4, another two clinics (Bandarban and Rangamati Municipality) will be upgraded as EmONC clinics.

In order to **expand and strengthen services in CHT**, NHSDP and USAID explored collaboration with UNDP and Concern Universal Bangladesh which have programs in the region. UNDP also emphasized collaborating with WHO, UNFPA, and the GoB. Some initial collaborative discussions were undertaken with UNDP in Y3 in Lama and Bandarban Upazillas where UNDP has a presence. A joint field visit is pending, which may be followed by signing an LOC between NHSDP and UNDP. Potential NGOs, other than FDSR, have been identified for possible expansion activities subject to USAID concurrence.

NHSPD met with the Secretary of the Ministry of CHT (MOCHT) to brief him on the **project's commitment to improving health services in CHT**. NHSDP also worked with FDSR to begin advocacy with the local government. Hill District Council (HDC) Chairmen of the three districts were informed about stakeholder consultative meetings to be held with the participation of all vital stakeholders. The HDC Chairmen supported this initiative.

MS 1.1.22: Coordination with selected urban governance bodies to improve urban health governance to provide needed services

NHSDP teamed up with the **Strengthening Democratic Local Government (SDLG) program** in 175 sites to improve health services from SH Clinics in those areas. SDLG conducted training on collaboration, in which Swanirvar staff participated and learned that each Union Parishad (UP) prepares a list of ultra-poor and vulnerable residents eligible for social safety net services. Thirteen UPs supported by the SDLG Project provided support to SH Clinics in 4 urban divisions, resulting in an increase of 10% in total service contacts in 13 clinics. Several Clinic Managers attended meetings of the SDLG Standing Committee for Health and Family Planning, and shared information about SH Clinic services for the poor and POP. Some success stories of this collaboration were disseminated through the SDLG bulletin.

Collaboration was established with Dhaka North City Corporation (DNCC) to more effectively serve the poor in urban slums and other underserved pockets in Dhaka City. An agreement was made to conduct joint assessments in NHSDP catchment areas to identify poor, underserved and un-served areas and to organize a coordination meeting with other service providers to avoid duplication of services in DNCC.

Other **collaborative activities with local government** in Y3 included:

- A discussion meeting held with the Mayor of Meherpur Municipality to learn about the health services there and discuss how best use of resources can be made on behalf of the poor and POP. A draft LOC was prepared and shared with the Municipality.

- Discussion was initiated with the Municipal Association of Bangladesh (MAB) to explore possible collaboration to increase and improve health services for the poor and POP in Municipalities throughout Bangladesh.
- An LOC for collaboration with UPHCSDP was drafted and will be finalized in Y4.The Urban Primary Health Care Service Delivery Project (UPHCSDP) is one of the largest urban health projects in Bangladesh. It is being implemented by 11 City Corporations and 10 Municipalities.
- NHSDP attended the International Conference on Urban Health 2015 in May and presented a poster on urban governance issues, highlighting how community engagement through SHCSG contributed to increased health seeking behavior in urban communities.

To more effectively engage both urban and rural communities in health service delivery, **224 Urban SPs were trained** on the process and tools to be used for developing **Community Action Plans** and preparing community maps. Two Focus Group Discussions were conducted with SHCSGs (one Urban and one Rural) to assess client's satisfaction with SH Clinic services. (See MS 2.2.1 for further details on client satisfaction.)

Activity 1.1.23: Mainstreaming nutrition services across the network

Nutrition is one of the core components of NHSDP's service package, but specific nutrition activities are relatively new for the SH network. In Y3, **SH service providers were trained on nutrition** indicators and given field level implementation guidelines on Infant and Young Child Feeding (IYCF) and Growth Monitoring and Promotions (GMP). NGO Monitoring Officers and Clinic Mangers were oriented on how to mainstream nutrition in their services and on the revised data collection tools that include nutrition indicators.

To sensitize communities, **guidelines on nutrition was developed for use by the SHCSGs**, highlighting roles, responsibilities and modalities of the SHCSG in raising community awareness on nutrition utilizing nutrition services from SH clinics.

MoU signing ceremony between NHSDP and SPRING Bangladesh

NHSDP signed a **partnership agreement** with the USAID-funded Strengthening Partnerships, Results and Innovations in Nutrition Globally (**SPRING**)-Bangladesh Project. The two projects share common objectives and have activities in 16 common Upazillas. Contact details of persons-in-charge and clinics was shared, and SH NGOs initiated communication with respective SPRING Divisional Managers. SPRING also made a presentation on 'Tippy-Tap' to Project Directors and Project Managers of 6 NGOs based in Dhaka, along with Technical Leads of NHSDP.

The GoB's National Nutrition Services **(NNS) continued to provide nutrition logistics** to NHSDP as part of the commitment to mainstream nutrition into regular health and FP services in urban areas. Six urban clinics of three NGOs (CWFD, PSTC and SWANIRVAR) in Mirpur area received 19 height scales, 19 Salter scales, 11 packets of MUAC tapes and 650,000 IFA tablets through Unicef and Dhaka City Corporations. NNS also provided 98,000 GMP cards for all 33 clinics of Dhaka.

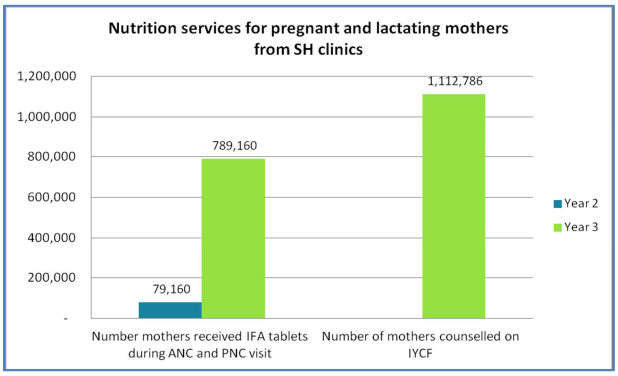
Social Marketing Company (SMC) extended support to NHSDP by printing 42,500 GMP cards as a part of their Corporate Social Responsibility (CSR). These cards were distributed to 53 SH Clinics in USAID's Feed the Future (FtF) zone. The rest of the SH Clinics also received 306,000 GMP cards from NHSDP to perform this activity uniformly.

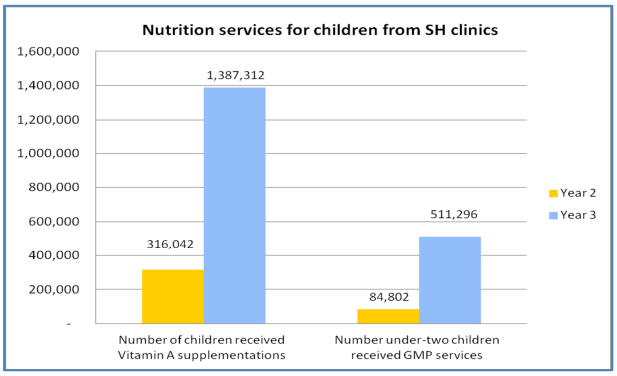
Since GMP is one of the key nutrition services, 70 NGO and clinic level staff in Dhaka received orientation on Direct Nutrition Intervention (DNI) and GMP with intensive practical sessions. These orientations were co-facilitated by Concern Worldwide and Unicef.

SH Clinics continued to roll-out IYCF training in their clinics, with 359 clinics completing IYCF training for a total number of 5,262 service providers. Monitoring visits by NHSDP indicated that by the end of Y3, the

knowledge of service providers on nutrition interventions has improved over time, and the number of nutrition service contacts has increased. However, there is room for improvement including additional knowledge refreshment and regular monitoring in order to implement the nutrition activities properly. Clinics also need additional nutrition materials including IYCF job-aids, GMP cards, MUAC tapes and height scales to offer efficient nutrition counseling and services from SH clinics.

Nutrition services were introduced in SH Clinics starting from Y2, and the **number of client contacts for maternal and child nutrition services gained considerable momentum in Y3**. The graphs below show that 789,160 mothers received IFA supplementation during ANC and PNC visits and 1,112,786 mothers received counseling on IYCF. The number of children who received Vitamin A supplementation was 1,387,312 and 511,296 received GMP services.





Activity 1.1.24: Strengthen TB services through the SH network

In Y3, SH NGOs diagnosed 495 **more TB cases** compared to the year before (7,129 and 6,634 cases respectively). An increase in detection of child TB cases was also observed, with 487 cases in Y3 compared to 358 the year before. Diagnosis of child TB cases reached 5.1 % of total TB cases in the SH network while the national average is 3.1% (the ideal target is 10% of all diagnosed cases). The project emphasized INH preventive therapy (IPT) for child contacts, with 390 children put on IPT. 247 children registered for IPT a year ago successfully completed six months of therapy.

The **Case Notification Rate (CNR) of all forms new TB case showed a steady increase** at 219/100,000 in Y3 compared to 187/100,000 the year before. The SH network successfully treated 6,248 cases of TB last year with an average treatment success rate of 94.5%. SH Clinics diagnosed 18 Multi Drug Resistant (MDR) TB cases which were referred to MDR treatment centers for management.

Orientation and awareness programs on TB were organized for 8,969 graduate and non-graduate private medical practitioners, pharmacists, industry workers, slum dwellers, and cured TB patients. Additionally, 7,556 community people were reached with TB messages through film shows, street dramas and folksongs. A total of 159 NGO staff received training on TB from the National TB Control Program (NTC) and BRAC, of which 64 staff from SH NGOs received training on basic DOTS through collaboration with the USAID-funded TB CARE II.

In August, **8 SH NGOs signed GFATM PR-2**, implemented by BRAC, to continue TB prevention and care services. This agreement is the continuation of GFATM Round 10 which expired in June 2015. The title of the new agreement is “Reduction of TB Prevalence by 6% by 2017.” It is effective retroactively from July 1, 2015 and will remain valid until December 31, 2017.

In collaboration with the GOB and BRAC, SH NGOs observed World TB Day 2015 in March, attending national and regional rallies and organizing various community level activities. The theme this year was “Reach 3 million: Reach, Treat, Cure Everyone”.

Sub IR 1.2: Strengthened partnerships and coordination with GoB health authorities and other USAID-supported projects

SH Clinics regularly coordinate with the government, and compile an annual self-assessment documenting specific actions taken including developing an annual work plan, updating a community map, having a documented referral system, attending monthly health and FP coordination meetings with government, and reporting health and FP services to the government.

For the following milestones, the proportion of clinics performing various tasks is based on the self-assessment reporting which is compiled on a regular basis by NHSDP.

MS 1.2.1: List of all clinics to be supported in program agreed by GOB authorities, Contractor, NGOs and USAID

In Y3, NHSDP provided TA to NGOs and SH Clinics to obtain **District Technical Committee (DTC) approval from the DGFP**, which is required by the GOB every two years. This approval enables clinics to provide FP services in the catchment area, as well as to receive FP commodities from the government free of cost. In addition, the Director Hospitals of **DGHS renewed the licenses for the 55 SH CEmONC clinics**, which is an annual process.

Meeting with Secretary, MoH&FW and ADG and Director-MIS, DGHS, Bangladesh

An **"Inter-Ministerial USAID-DFID NHSDP Advisory Committee"** (or simply Advisory Committee) was established to provide strategic direction to the SH network. This committee is comprised of representatives of 8 health-related Ministries and Government institutions. Two meetings were held in Y3, in which relevant NGOs and development partners also participated. The meetings resulted in providing strategic direction to improve SH Clinic performance.

Following an orientation session for the Director of Mass Communication, the **Ministry of Information agreed to publish the SH network's BCC messages** through government mass media channels. Representatives from 68 Upazila Information Offices were also involved in this initiative.

Key policies and directives of the GoB were disseminated to NGOs, including through teleconferences with Swanirvar, BAMANEH, JTS, Shimantic, UPGMS, SUPPS, Bandhan, PKS, Prosthanti, Image, Nishkriti, SUS and VFWA. Policies included the HPNSDP; directives included in the meeting minutes of National Technical Committee (NTC) on FP; and a policy brief on use of folic acid and calcium for pregnant women.

MS 1.2.2: At least 90% of clinics have community maps

In Y3, 98% of SH Clinics reported having community maps available in their clinics. These show health facilities in the area, which is helps communities to find access to relevant health services including the SH network. Through routine supportive supervision, NHSDP staff encouraged Clinic Managers and staff to use their maps to expand services in underserved areas. A meeting was held with the Director MCH of DGFP to draft an LOC on referring pregnant women for delivery from government non-EmONC Union Health & Family Welfare Centers to SH EmONC clinics.

MS 1.2.3: Mechanisms of coordination (e.g. periodic meetings, MOU) with local health authorities established at all clinics

Collaboration was established with the Ministries of LGRD&C, Women and Children Affairs, Information, Chittagong Hill Tracts, and Social Welfare. The Secretary Ministry of Social Welfare (MoSW) agreed to sign an LOC with NHSDP. A draft formulated but not yet signed. Discussion of LOCs is ongoing with the other Ministries.

SH Clinic CMs and MOs were oriented on local level coordination as well as strategic directions of the MoHFW. MoLGRD&C assisted SH Clinics in defining their catchment areas in Dhaka North and South City Corporations and different municipalities.

Various government officials visited SH Clinics including the Director DGFP who visited Jessore and Bhagarpara and appreciated the performance of the clinics. The Director asked the DD-FP of Jessore to ensure sustainable supply of FP commodities to NHSDP. A collaborative meeting was held in Comilla with officials of the DGFP. The Additional Secretary MoHFW visited the Tajhat SH Clinic and appreciated its performance.

MS 1.2.4: At least 90% of clinics have annual work plans developed in partnership with local GOB authorities

In Y3, 98% of SH Clinics reported having Annual Work Plans, with 85% developed in collaboration with local government authorities. Following orientation for CMs on formulation of an Annual Work Plan, 98% of clinics developed their plan in collaboration with local GoB officials. (See section 2.2.2 for more details.)

MS 1.2.5: At least 90% of clinics have documented referral systems

98% of SH Clinics reported having a documented referral system in Y3. Clinic Managers were oriented during the year on the key elements of a functional referral system. During clinical monitoring visits, NHSDP TLs verified the status of referral and provided supportive supervision to service providers regarding following the referral guideline and flow chart. Referral data are being collected and monitored through the project M&E system. (See section 2.2.2 for more details.)

For improved referral capacity, a **"Community Based Referral System Guideline"** was developed, using community maps and focusing on better access to services for pregnant mothers and for the poor. Each SHCSG learned to identify and map health service facilities available in the area, including information on types of services and costs. SPs were also trained on the Guideline. In Y3, 6% of clients at SH Clinics were referred by SHCSG members.

MS 1.2.6: At least 90% of clinics submit timely reports to MOHFW authorities on quarterly basis

98% of SH Clinics reported timely submission of reports to their local government Health and FP Office. In order to create more efficiency with regard to project and government reporting requirements, the project's Inter-Ministerial Advisory Committee advised the Director MIS of DGFP and the Director MIS of DGHS to harmonize the MIS of NHSDP with the Government MIS. Several meetings were held with the MIS section of DGHS to work towards this harmonization in a realistic way. This included a meeting with Professor Abul Kalam Azad, Additional Director General (Planning & Research) and Director MIS of DGHS to gain his support for integrating the SH network MIS with the Government MIS in a feasible and operative way.

MS 1.2.7: At least 80% of clinic staff/associated community group members participate in GOB local-level planning

93% of SH Clinics reported engaging in planning with local government officials.

During Y3, Clinic Managers were oriented on how to effectively engage with local Government officials. The Advisory Committee also provided strategic direction to NHSDP and the SH NGOs regarding involvement with local Government. This engagement is monitored during field visits by NHSDP Technical Leads.

National level policies and decisions on health and FP were tracked by NHSDP and passed on to the SH NGOs. In Y3 this included collecting the decisions of the NTC on FP for the last 5 years and disseminating relevant information to the NGOs. A guideline will be formulated on coordination among FWA, HA and CSP.

Sub IR 1.3: Enhanced sustainability of ESP delivery through innovative financing structures

MS 1.3.1: Rational cost-recovery and program income expenditure plan is developed and submitted for each NGO and approved by USAID

In Y3, a **business planning process** was undertaken with all 25 NGOs of the SH network. A workshop was held for the NGOs where the business plan template was shared and discussed in detail. Following the workshop the NGOs gathered information, completed the template and noted any questions about the plan. A deadline was set for the end of July 2015 to submit a draft plan, with assistance from NHSDP as needed.

The business plans are still in a review process with NHSDP, which will give recommendations by department and final approval by senior management. In some cases NGOs need further visits to help formulate strategies and rational targets. Once completed, plans will be sent to USAID for approval. These plans will be implemented by the NGOs and monitored by NHSDP on an ongoing basis to track progress and help ensure necessary adjustments.

MS 1.3.2: At least 25% of costs recovered through program income and other sources, e.g. leveraging, donations, grants (within Y1)

By the end of Y1, reported cost recovery for the SH network was 31%.

MS 1.3.3: Updated ESP costing study conducted

An **ESP costing study** was planned and carried out in Y3, including a detailed SOW, budget, data collection tool, IRB approval and USAID approval. The study was undertaken by a team from Brandeis University working with local counterparts. The tool was tested, local teams were trained, and data was collected. The report is being prepared, with dissemination planned for January 2016.

In order to identify barriers and opportunities for accessing the health services by the poor, an **Access Barrier Study** was conducted in Y3. Primary data collection, regional validation and a draft report were prepared. Data was collected from Rangpur City Corporation and Fulchori and Gobindagonj of Gaibandha district. Information and data were collected through participatory rural appraisal and focus group discussions in the community. The final report will be shared in November 2015. Study results will be used to revise the strategy for NHSDP to reach the poor.

Studies and Assessments completed by NHSDP in Y3

Sl	Study/Assessment	Current Status
1	ESP Costing Study	Study completed, with report in process for completion and dissemination in January 2016.
2	Customer Satisfaction Study in Surjer Hashi	Completed and disseminated at NHSDP

Sl	Study/Assessment	Current Status
3	Situation analysis/self-assessment of existing SH pharmacy network.	Based on the data analysis, it is clear that visibility from outside, having a pharmacy license, catering to outside customers, extended opening hours, and having pharmacy certified staff are all strongly correlated to increasing income from these outlets. Results were disseminated in the Program Income Enhancement Workshop.
4	Clinical lab data compilation for self-assessment. Situation of existing SH clinical labs within SH network	Disseminated in the Program Income Enhancement Workshop
5	Market survey using Discrete Choice Experiment (DCE)	Completed and disseminated

MS 1.3.4: NGO partner internal control systems established to plan, manage and report on various types of funding, including program income

A set of guidelines for an internal control system for NGOs, developed in Y1 and Y2, was approved by USAID in October 2014. Internal control systems were then established for each of the SH NGO partners during Y3.

MS 1.3.5: At least 30% of costs recovered through program income and other sources (within Y2)

By the end of Y2, reported cost recovery for the SH network was 33%.

MS 1.3.6: At least 35% of costs recovered through program income and other sources (within Y3)

By the end of Y3, reported cost recovery for the SH network was 35%.

In order to increase cost recovery going forward, towards reaching the end-of-project milestone of 40%, a **New Business Initiative** was launched in Y3 to develop **a network of SH Pharmacies.** These pharmacies will operate as for-profit entities, with profits ploughed back to support SH Clinic operation costs. In the first phase, the plan is to establish at least 15 such pharmacies.

The **first SH Pharmacy** under this initiative was established in Khulna in August by PKS NGO. The pharmacy will support services to all segments of society including adolescents, youth, women and men, ensuring expanded access and enhancing financial sustainability.

1st Surjer Hashi Outdoor Pharmacy begins its journey at Daulatpur, Khulna under PKS

Standardized design guidelines were formulated for the new pharmacies, along with standard MIS software. Customers will receive services and pharmaceuticals in a friendly environment at competitive prices that are uniform across the network of SH Pharmacies. Some of the outlets will have female providers to ensure better access and privacy women and young people.

Eleven drug licenses were issued by the regulatory authorities to 7 NGOs to set up new pharmacies. Several SH Pharmacies are ready for launch early in Y4, with a target to establish 15 in the first phase.

MS 1.3.7: Strategic partnerships with key corporate partners established

A **strategy paper on corporate partnership and CSR** was developed and a workshop on this topic is planned for all NGOs in Y4. NGOs will be asked to submit a CSR proposal. They will learn how to write a successful

proposal, identify potential targets for rational and sustainable CSR activities, and gain approaches to industry.

MS 1.3.8: At least 40% of costs recovered through program income and other sources (within Y4)

The project has met cost recovery targets in the first three years and expects to achieve the final target of 40% by the end of Y4.

IR 2: Optimal Healthy Behavior Promoted

An **integrated approach combining BCC and community mobilization (CM)** was developed in Y3 to further improve healthy behaviors and care seeking practices. This integrated approach resulted in enhanced client-provider interactions and increased community voice in SH Clinic management and activities. Interventions included capacity building, BCC materials, conducting local level promotional campaigns, revitalizing SHCSG and engaging community to take actions for their preventive and curative health services.

Sub-IR 2.1: Healthy behavior and care seeking practices improved through behavior change communication/knowledge management

MS 2.1.1: BCC materials (e.g. print messages, radio spots) developed/adapted from BCWG-identified best practices and resources

A **BCC/KM Strategy** received final approval from USAID in Y3 and was translated to Bangla for roll-out to all SH NGOs, clinics and SHCSGs.

A **Branding and Marking Manual** for materials and clinics was developed to ensure standardization and USAID compliance throughout the SH network. Training on branding and marking policies was conducted for all NGOs. The manual includes guidance on development of "above the line" (ATL) and "below the line" (BTL) BCC materials. It has been rolled out to the SH NGOs in two formats, a printed version with all messaging, coloring and printing specifications; and an Adobe Illustrator (AI) version on DVD for easy use in producing printed materials. It includes templates for birth certificate, newlywed couple congratulatory certificate, red flag for ANC mother identification and birthday cards.

Eight new and adapted versions of **BCC materials** were developed, produced and distributed. Four were re-productions of existing "Gold Standard" materials on five danger signs, LAPM, IMCI and ANC/PNC, including the following materials and quantities:

- Ludo (Snakes & Ladder Game) for spousal communication x 10,000
- EoC Card for pregnant women x 70,000
- LARCPM Brochure for ELCOs x 70,000

Five were new materials, including:

- Four Meals a Day Flyer x 1,400,000
- Birth Preparedness Card x 1,800,000
- EBF Brochure x 900,000
- ANC Leaflet x 1,600,000
- ARH Brochure x 700,000

A **BCC material user guideline** was developed and provided to the SH NGOs and Clinics along with the materials. An orientation video was developed to help sustain knowledge and practices for effective use of BCC materials.

A TVC was developed to promote ANC services and to highlight Mayer Bank for birth preparedness and Red Flag promotion of community support for pregnant mothers. The TVC will be aired on a popular national TV channel in Y4. An existing 60-second TVC on SH Clinics comprehensive health services was aired 25 times on ATN Bangla and Channel-I. A radio spot was aired on the popular FM channel Radio Today.

A 26-episode drama serial, 6 TVCs and a music video of 7 health songs, developed during the NSDP project, were edited and customized-including updated branding and marking—for distribution and use in SH Clinics.

An NHSDP promotional video was developed to assist NGOs in promoting their activities to communities and government officials. After finalization it will be provide to all SH NGOs and Clinics.

MS 2.1.2: At least 80% of clinics have at least one service provider trained in IPC/C to include BCC messages while counseling on ESP interventions

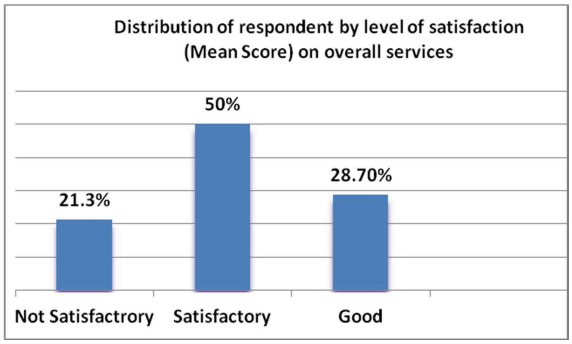
A **BCC and CM training program** was developed following a systematic approach that included a training needs assessment; development of content with methodology; and pre-testing of the curriculum. This comprehensive training program was rolled out for 23 NGOs and 306 SH Clinics, with a total of 1,008 Clinic Managers and Service Promoters trained in 39 batches averaging about 25 participants each.

An **Interactive Q&A Guidebook** was developed covering 27 different health issues in order to facilitate clinic staff in responding to queries from clients and community members. This guidebook will also be provided to each CSP and SHCSG.

MS 2.1.3: At least 80% of clinics implement monitoring systems (e.g. mystery client) to assess quality of counseling services

A three-step interlinked **BCC Activity Monitoring Tool** for SH Clinic level monitoring was developed, with a monitoring checklist, planning format and reporting format. This tool will help to track and undertake follow-up actions to ensure effective ongoing implementation of BCC activities.

To further strengthen delivery of quality health services, a **Mystery Client (MC) Assessment was conducted in 100 clinics** across the SH clinic network. This included 58 urban and 42 rural clinics in 27 districts, with 4 Ultra-B clinics, 20 Ultra-C clinics and 76 vital clinics. The assessment checklist covered ANC, FP, LCC and Child Health, with 20 indicators each. The focus was on assessing provider behavior and quality of counseling based on client satisfaction. From the graphs below it can be seen that more than three-quarters of respondents found overall clinic services satisfactory or good; and over 60% found counseling satisfactory or good. While the majority of clients are satisfied, there is plenty of room for improvement.



MS 2.1.4: BCC strategies harmonized across communities and health facilities and with other USAID projects

NHSDP introduced the **Health, Population, and Nutrition eToolkit** adapted from the Bangladesh Knowledge Management Initiative (BKMI) in 280 SH clinics, including a comprehensive guideline for its use.

The guideline points end users towards a choice of online, offline or Android versions. An in-depth orientation was provided to the Clinic Managers and Service Promoters during the BCC/CM TOT.

Eight national and international days were observed throughout the 391 SH Clinics as a part of local level promotional activities: World Hand Washing Day, World AIDS Day, International Women's Day, World TB Day, World Health Day, World Breastfeeding Week, World Population Day and Safe Motherhood Day.

A set of six street drama scripts on six different health issues was developed for use by SH NGOs. Producing video films on these drama scripts is also planned.

A **national level media dialogue** with 32 senior print and electronic media journalists was organized in Dhaka, with another dialogue held with 35 regional journalists at Rajshahi Division. A number of reports appeared in national newspapers after these events highlighting the role of the project and the SH network in promoting essential health services in Bangladesh.

NHSDP also organized several visits to SH Clinics by national and local level journalists to observe the services being provided. Following these visits journalists published articles in 14 national newspapers highlighting NHSDP's role in promoting essential health services through the SH network.


প্রথম আলো
May 28, 2015
গর্ভবতী নারীর সহায় ব্যাংক, লাল পতাকা

The paper clipping of news article on Mayer Bank and Red flag

MS 2.1.5: At least 60% of children 0-5 months are exclusively breastfed in catchment areas

Key messages to promote immediate and exclusive breastfeeding (EBF) were developed for use in print materials. A brochure promoting EBF was produced and 900,000 copies sent to all SH NGOs and Clinics. Guidelines were developed for the NGOs and clinics to promote EBF through locally appropriate ways. Ongoing TA is being provided by NHSDP technical staff to further develop local-level messaging and promotion.

To raise household knowledge and health seeking behaviors on EBF a street drama script was developed based on which a demonstration video has also been initiated.

Sub IR: 2.2. Communities are actively engaged in promotion of healthy behaviors and care seeking practices

MS 2.2.1: At least 90% of targeted communities report increased satisfaction with NGO clinic services

Increased community satisfaction with SH Clinic services has not yet been adequately measured during the project, and appropriate measures to do so will be addressed in Y4. One measure of client satisfaction is described above under Milestone 2.1.3, in which a Mystery Client Assessment found that three-quarters of respondents found overall clinic services satisfactory or good; and less than two-thirds found counseling satisfactory or good. Whether or not this is an increase in client satisfaction is not clear.

As a complementary means of **assessing community satisfaction**, four Focus Group Discussions (FGDs) were conducted with participation of 45 SHCSG members. This exercise took place in two urban and two rural communities in Khulna City, Meharpur and in Kishorejong. Most participants indicated that **clients are highly satisfied** with the behavior of clinic staff, especially counselors, paramedics and doctors. They agreed that doctors and counselors give enough time to each client. A few participants indicated dissatisfaction regarding with the availability of basic lab facilities at SH Clinics, resulting in clients having to go elsewhere for some lab tests and increasing the cost. Findings of the FGDs were shared with clinic staff and NGO

Project Directors. In response to this feedback—which has also come from other sources—some clinics have increased their range of lab services.

For **routine monitoring of client satisfaction**, clinic staff and SHCSG leaders agreed to include this as a regular agenda item for monthly SHCSGs meetings. Group members are encouraged to check on client satisfaction in their community, and to share feedback with the group. Group leaders will then share consolidated feedback with clinic staff (Clinic Managers, SPs, paramedics and others) during quarterly meeting of SHCSG at clinic level. After introducing this mechanism, it was found that 5,255, or 60%, of SHCSGs are regularly monitoring and documenting client satisfaction feedback at both group level and clinic level meetings.

All SH Clinics have a **comments box** for the clients to share anonymous feedback on clinic services. Clinic Mangers also conduct exit interview to assess clients' satisfaction. The Clinic Manager brings key issues to monthly staff meeting for discussion. A total of 534 comments were documented and acted on by SH Clinics in Y3, including establishing separate spaces for men in some clinic waiting areas and increasing lab services in some clinics.

To **improve services for young mothers**, an exploratory discussion was held with several groups of young mothers. These young mothers were keen to get maternal health, reproductive health and FP information from other women in their local context. This led to pilot formation of five Young Mothers Clubs in a mix of urban and rural communities. A point person was selected from each club to identify and communicate with all young mothers within the catchment area. Based on this experience, a 1-page guideline was developed in Bangla outlining the process of formation of Young Mothers Club for replication in other SH Clinics. This initiative will be followed up in Y4.

MS 2.2.2: At least 90% of clinics are linked with community groups that participate in health planning and mobilization activities

All 391 SH static clinics have associated SH Community Support Groups (SHCSGs) that participate in health planning and mobilization activities. In addition nearly 9,000 such groups support activities related to satellite clinics. The section below provides additional details.

MS 2.2.3: At least 90% of communities served by clinics supported by groups of mobilized local influential stakeholders


Client satisfaction meeting in community

Over 90% of catchment area communities are linked with SH Clinics through SHCSGs. In order to continue **strengthening the SHCSGs**, a Community Mobilization Manual was developed following the CARE Community Support System (CmSS) Model. The Manual is a practical field guide on ways to more effectively engage communities, including how to conduct community meetings; review, analyze and update Community Maps (at static clinics and satellite level); prepare Community Action Plans (CAP); and implement community mobilization related activities at community level.

In Y3, **399 SPs were trained on BCC and Community Mobilization** (CM), including using the CM Manual, with the objective for them to eventually train two leaders from each SHCSG on more effective community engagement. Roll-out of this process began in Y3, with the following results:

- 2,890 SHCSGs prepared community maps at satellite level
- 2,220 SHCSGs prepared Emergency Transport Plans
- 3,447 SHCSGs developed Community Action Plans

SHCSGs were revitalized during Y3, with 8,758 SHCSGs restructured according to the guideline of SHCSG formation. **Fifty percent of SHCSG members are female**, with 7,581 women holding the position of Vice-President.

SHCSGs held monthly meetings to review the implementation status of the Community Action Plan, referral implementation and client satisfaction. The following activities were commonly undertaken:

- Assist in identification of poorest of the poor (POP) and poor families in the catchment areas
- Identify pregnant women, with support from CSPs, and motivate family members to ensure each pregnant woman receives ANC checkups and safe delivery
- Support and participate in National and International Day observance. During the year 5,257 SHCSG members attended meetings at Municipality and City Corporation levels, or special health observance events organized in collaboration with the GOB.
- Help CSPs to organize courtyard meetings for young mothers.

A template for **Emergency Transportation Plans**, especially for pregnant women at the time of delivery, was developed and shared with SPs. This includes informing families about the nearest EmONC or CEmONC health facility and what transportation options are available and at what cost. SHCSG members provided the contact mobile phone numbers of transport owners for convenient access in an emergency. (see model)

The **Red Flag for Pregnant Mothers** initiative was introduced to the SH network in Y3. Special efforts are made by CSPs to identify every pregnant mother in the community and hoist a Red Flag on the home to ensure awareness and help the community remain alert for any assistance required during the pregnancy. SHCSG leaders and other influential people in communities actively participated in this special initiative, and more than 13,500 Red Flags were hoisted in Y3. A guideline on the Red Flag initiative was produced and shared with all SH NGOs for replication where feasible.

Hoisting Red Flag on the pregnant mothers house

Communities were also encouraged to focus attention on the period of childbirth through a **Three Days Vigilance** program, whereby a support team is formed for the pregnant mother to help ensure she goes for ANC visits and then particularly to check on any difficulties arising during delivery and for three days afterwards for the mother or newborn. **During the past year 202,493 members of SHCSGs participated in three days vigilance teams.**

In Y3, **10,186 satellite clinics** were functioning under the SH Network, with 100% of the spaces for these clinics donated by the community through SHCSGs. CSPs are active throughout this network as volunteers supported by SHCGS group members.

IR 3: Local ownership of service delivery enhanced

Sub IR 3.1 Institutional capacity of all local NGO partners strengthened

MS 3.1.1: Baseline analysis of local NGO partners' institutional strengths, weaknesses and areas of focus for future capacity building updated

Completed in Y1

MS 3.1.2: Roadmap for each NGO partner developed to outline customized capacity building requirements in relation to baseline and pre-determined benchmarks

Completed in Y1

MS 3.1.3: All NGO partners achieve at least 90% of capacity building benchmarks identified in roadmaps

NHSDP provided **ongoing technical assistance to the SH NGOs** in Y3 to build their capacity, following on from achievements in the first two years of the project, including:

- Annual review and revision of NGO Technical Assistance Plan
- Review of Training and Capacity Building Taskforce mechanism
- Development of a Staff Retention Strategy Plan
- Roadmap Progress Review
- Follow-up of "Governance, Leadership and Management" training which took place in Y2
- Exploration of Local Income Option
- Update of Salary Matrix.

A 3-day training course on **"HR Management & Staff Retention Strategy"** was designed, organized and conducted by NHSDP with the aim to increase knowledge, skills and capabilities in the area of HR Management and Staff Retention for all NGOs. Participants from each NGO formulated an action plan for their organization, which was further fine-tuned through a follow-up meeting two weeks later.

Follow-up support on Governance, Leadership and Management (GLM) training included the NHSDP Institutional Strengthening (IS) team and other technical staff visiting 6 NGOs (CWFD, BAMANEH, SUS, Nishkriti, FDSR and IMAGE) to provide TA and training, as per the TA Plan. On-site orientation was given on developing **conflict-of-interest policies and a leadership succession plan**, with drafts to be submitted to Executive Committees of the NGOs for approval.

NHSDP's TA Plan for 2014-15 was reviewed by project teams based on the Customized Roadmap, individual NGO MOCAT reports and the NHSDP Y3 Work Plan. A Training and Capacity Building Taskforce (TCBT) met several times to revise an Integrated TA Plan and formulate an Integrated Training Plan and Calendar.

In order to address local ownership and sustainability of SH NGOs, a **"Guideline for Local Income Option Exploration"** was developed. Orientation was given to 4 NGOs in Chittagong on a test basis, and then extended to all the NGOs for their guidance and implementation.

A **Gender Policy** was developed and orientation provided to 7 NGOs through 3-day workshops with representatives from the NGO Executive Council or Board; a Gender Focal Point; the Project Director; and other selected participants. The Gender Policy emphasized ensuring gender equality at different levels of the organization and ensuring programs are gender responsive. It requires that action plans for staff as well as beneficiaries institutionalize gender equality strategies and initiatives. The goal is to for all girls, boys, women and men to realize their full potential in society with respect for people's rights and dignity.

A **Salary Matrix** was updated and incorporated in the NGOs Finance and Operations Manual for implementation. The salary matrix had not been updated for a long time which was creating difficulties in hiring staff and contributing negatively to staff retention.

An **Extra Income Policy** for SH NGO Clinic doctors was developed; approved by NHSDP's SMT; and circulated to the SH NGOs for implementation. The policy allows for doctors and technicians to receive performance based payments for work other than their routine assignments as outlined in their appointment letters. Rates for such payments are stipulated, and full documentation is required. Staff are not eligible to perform duel jobs during their allotted regular work hours.

Sub IR 3.2 Up to two local NGO partners transitioned to direct USAID grantees

MS 3.2.1: Institutional strengthening milestones linked to pre-award assessment developed

Completed in Y1

MS 3.2.2: Up to two local NGO partners identified for eventual transition to direct USAID grants approved by USAID

In Y3, NHSDP provided **technical assistance to two previously identified transitioning NGOs**, following a specified transition plan. This included strengthening areas of financial management and internal control systems; and updating required policies and procedure documents.

NHSDP followed up regularly with the two NGOs to get the required documents reviewed and updated according to **recommendations of the Non-US Partner Assessment Survey (NUPAS) assessment**. The USAID RFA for the NGOs was released in October 2014. Based on earlier training to write a proposal in response to an RFA, NHSDP actively engaged with the NGOs to support the proposal process and ensure submission in November 2014. The USAID review process, with back and forth questions and answers, continued to January 2015.

USAID conducted formal pre-award assessments of the two NGOs using NUPAS. In April 2015 the determination was made by USAID that the **two NGOs were not ready for transition**. The transition process and milestone was removed from the project. Both NGOs remain project sub-recipients.

Section II: Monitoring and Evaluation

In Y3, NHSDP continued to provide support to monitor and improve performance of the project itself and the SH NGOs. This included working towards a **standardized platform for monitoring and evaluation** that is more simple and user-friendly. Data collection tools were modified—including incorporation of new indicators—and consolidated, along with consolidation of databases.

Several trainings were conducted for SH NGO staff, especially MIS Officers, to increase their efficiency in implementing the Management Information System (MIS). Three batches (sub-station) of **training on data collection tools and the new MIS data entry software** were conducted at Jessore (14-19 March), Chittagong (4-9 April) and Dhaka (4-7 May). A total of 53 MIS Officers, representing all 26 NGOs, and one Clinic Manager from each NGO participated in these trainings. Trainees are responsible to disseminate the new information and train their respective clinic staff personnel (counselors, paramedics, data entry operators and clinic managers) on the new M&E tools and data entry system.

Two **refresher trainings** were conducted in Y3. One focused on data use for better program planning and management. The other covered core concepts of monitoring and evaluation. M&E team members also conducted on-job-training (OJT) through field visit to SH NGOs and clinics, focusing on implementation of the new data collection tools and data entry program. Additional TA focused on helping NGOs make all statistics available for various reporting and publication purposes.

A **new data analysis and performance tracking system** is being introduced in the SH network. The M&E team developed a new database using MS Access software which was installed at all 388 SH Clinics starting from July 2015. By the end of Y3 more than half of clinics were using the new system, with over a third needing more time and support to get going. TA will be provided in the first quarter of Y4 to ensure full use by the end of the quarter. This TA will start with a half-day workshop for MIS Officers from all 25 NGOs in October 2015.

The latest version of the M&E Plan, which has undergone several rounds of consultative review, was approved by USAID on July 1, 2015. The M&E plan includes approaches for measuring project performance and includes M&E responsibilities between NHSDP staff and NGOs, indicator definitions, and M&E targets.

Targets were set for performance indicators and service delivery indicators for the 25 NGOs for Y4 (Oct 2015 – Sep 2016). Targets were calculated based on Y3 performance of NGOs. These targets were uploaded to an online data system (ODS) maintained at Pathfinder International HQ.

As per contractual obligation, NHSDP regularly uploaded quarterly statistical data to **USAID's Data Development Library (DDL)**. Data for the first three quarters of Y3 were successfully uploaded; the fourth quarter statistical report will be uploaded in November 2015.

NHSDP successfully completed the **external DQA** for PBG of Y2 Q1 (Oct-Dec 2014) and Y2 Q2 (Jan-Mar 2015) conducted by an external audit firm, A. Wahab & Co. The audit firm submitted DQA reports for each SH NGO to NHSDP for review and feedback by the M&E Team. After incorporating this feedback, the report was re-submitted by the audit firm. The external DQA reports will help to ensure further strengthening of the accuracy and reliability of project data reported by SH NGOs.

The **USG Regional Inspector General (RIG) conducted a project audit** starting in November 2014. The M&E Team worked closely with the audit team and project senior management to ensure availability of required information and documents. The RIG team visited 13 clinics under 8 NGOs and conducted debriefings with NHSDP to share their observations. The Rig Audit Report was submitted in the last quarter of Y3 and recommendations are being followed up jointly by USAID and NHSDP.

A **quarterly report format for Performance-Based Grants** (PBGs) was developed and given to the SH NGOs for easier review by NHSPD and more focused feedback to the NGOs.

Pathfinder conducted an internal mid-term review of NHSDP in June 2015, including recommending specific measures to strengthen the M&E system and team. Pathfinder's Research and Metrics Advisor worked closely with the M&E Team to update key text in the M&E Plan; update key annexes for the PMP; and finalize the addition of six new project indicators in preparation for submission to USAID.

To further **strengthen data quality control systems** for the project, the Advisor also developed M&E field visit tools for NGO MIS Officers and the M&E Team. To enhance data demand and information use, several database templates were developed and shared with the M&E team and Technical Leads to ensure that the project has simple templates and analytic strategies that allow staff to make effective programmatic decisions based on reliable data.

The M&E Team conducted **ongoing field visits to SH Clinics, satellites and CSPs** to monitor data collection according to instructions given in the MIS manual. During the last quarter of Y3, 7 NGOs and 12 clinics were visited. Review and on-job-training included ensuring proper data entry and accurate data compilation, management and reporting. Any discrepancies observed were discussed and corrected on the spot.

M&E staff attended **Quarterly Review Meetings** of two NGOs, JTS & PSF, to review targets and achievements and provide TA on proper data collection, data entry, data quality control and data management.

Regular meetings were held with NHSDP Technical and Thematic Leads to brief them on indicators applicable to their respective areas; ensure data quality; review status of milestones; and track achievement against project indicators and targets.

The M&E Team provided **support to different assessments** conducted by NHSDP during Y3. This included helping to develop data collection tools, methodology, sample size determination and data analysis for the following studies:

- Mystery Client Survey
- Continuous Quality Improvement (exit interview tools to assess client satisfaction)
- GBV Assessment (methodology and data collection tools)
- Training Needs Assessment (tools)

The M&E Team prepared the NHSDP **Monthly Statistical Report** throughout Y3 for submission to USAID. The report was regularly shared with the Technical Leads and feedback given to the SH NGOs. The reports highlighted results from IR1 and incorporated data from all 26 NGOs. Monthly and quarterly trend analyses facilitated better understanding regarding access to and use of SH network services.

Section III: Performance Based Grants (PBGs)

A performance based grant program was initiated by NHSDP in project Y2, whereby NGOs are awarded a 1% payment over and above their regular annual grant fund expenditure for reaching each of eight specified **Annual Performance Indicator (API)** targets. They can receive an additional 2% payment if they meet all eight of the targets. Another set of **Quarterly System Indicator** (QSI) targets are also in place, with a 1% payment *reduction* for each target that is not met.

Implementation of the PBGs continued throughout Y3. NHSDP finalized and disbursed performance payments for Y2 in the first and second quarters of this year. Payment amounts were determined based on the achievement of PBG performance indicators which were validated and verified by external firms on a quarterly basis.

In the fourth quarter **some adjustments were made** to the PBG system and the performance indicators. One QSI measuring staffing vacancies was replaced by number of clinics implementing a continuous quality improvement plan. **New APIs were added focusing on essential newborn care, nutrition, and community mobilization**, which had not been included previously. The QSI penalties remain the same, although the third system indicator will be assessed on an annual basis through the DQA process.

Two APIs were added bringing the total to ten. Performance payments remain at 1% for each API achieved, but the 2% additional payment for achieving all the APIs has been removed due to the addition of these two indicators. In the coming year performance payments will be given annually following an annual Data Quality Audit (DQA). This change was made at the request of NGOs, who found the quarterly DQA process too burdensome.

As described under MS 1.1.19, a **rationalization exercise** of SH Clinic services was initiated in August. This coincided with the annual grant modification process. NGOs incorporated rationalization elements and other new activities into their upcoming PBGs through a budget modification, implementation plan and finalization of annual targets.

NGOs submitted all required reports for the PBGs on time. These were reviewed by NHSDP and feedback was provided. Audits of 26 NGOs were initiated, with the audit firm selected through an open competition among pre-approved audit firms in Bangladesh. Grants monitoring through compliance and voucher checking visits were completed as required.

Some management challenges were experienced in Y3 with a few NGOs, mainly in the areas of performance and governance. As a result, one NGO (SGS) with four clinics was terminated and its clinics were reallocated to other NGOs in the network. Another NGO repeatedly failed to improve its management capacities so its funding was discontinued. NHSDP received numerous allegations and reports from various sources against different NGOs, which resulted in special investigations and audits. Appropriate actions were taken after each investigation, and audits were conducted to ensure compliance with applicable rules and regulations.

As described under MS 3.2.2, NHSDP worked with two NGOs to support their **graduation to direct USAID funding**. However, the USAID pre-award surveys of the two NGOs, Swanirvar and PSTC, resulted in negative determinations for direct USAID awards. Both NGOs are implementing programmatic activities satisfactorily, but significant issues were identified in the overall management of their organizations outside of the grants they receive through NHSDP and beyond NDSDP's control.

The failure of these NGOs to pass the USAID pre-award assessment resulted in some financial uncertainty for them and a budget shortfall for NHSDP to keep funding them. However, as part of a modification to NHSDP's contract with USAID, some short-term funding measures were put in place to keep these NGOs operating under NHSDP while further actions are developed and put in place. SWANIRVAR and PSTC were given special conditions to address the issues that were identified.

Section IV: Management & Administration

In Y3 the NHSDP contract was modified through modification numbers 5 through 10. Several of these were issued by USAID to increase the obligation amount or to amend certain contract clauses. Modification number 9 was a major modification that included revisions to the scope of work (SOW); deliverables and milestones; the organizational chart; and level of effort (LOE).

The NHSDP Senior Management Team (SMT) met regularly throughout the year to discuss and decide various management related issues and provide direction to the project.

Due to political unrest in Bangladesh, implementation of project activities as well as monitoring and supervisory visits to clinic sites were heavily affected. In particular, protests and demonstrations during the second quarter, January through March 2015, sometimes turned violent and there was nationwide blockade of road, rail and river transport for extended periods. Even within the upscale areas of Dhaka, where the NHSDP office is located, movement of staff was severely restricted. NHSPD staff remained in compliance with the project's security plan and attended office as feasible.

During Y3 staff retention was a challenge, with several staff members leaving the project for varying reasons. This included the DCOP Health Service Delivery, Health Financing Advisor, Grants Manager, Capacity Building Manager and Gender Specialist. IR 3 activities were particularly affected. However, as of the last quarter of Y3 senior staff, including the DCOP, were recruited. Project milestones are on track.

A week-long **NGO Performance Review Meeting** was held in April. This focused on recognizing achievements, including new interventions, and sharing of lessons learned. The workshop was attended by Project Directors (PD), Monitoring Officers (MOs), MIS Officers and Finance and Administrative Managers (FAMs) of all the SH NGOs. NGOs provided constructive feedback to each other and actively engaged in a number of issue-based panel discussions. This workshop was particularly important as no such meeting could be held earlier in the year due to the security situation in the country.

NHSDP also conducted its first ever **NGOs Finance Review Meeting** to review the financial health of SH NGOs. PDs and FAMs attended the meeting. Financial management issues and status were shared among the NGOs for feedback and sharing of best practices.

A **performance audit was conducted by USAID Regional Inspector General (RIG)** for NHSDP activities. RIG Auditors met extensively with project staff and visited many SH Clinics. The audit report was issued through USAID in the third quarter, with specific recommendations that continue to be followed up.

Several procurements for management support were initiated during this period including contracting out the Data Quality Audit, as well as the Validation and Verification of PBG LOE and Cost Recovery Indicators. An NGO audit was also initiated.

Section V: Project Communication and Visibility Strategy

As per project Modification number 2, issued in Y2, **the project's visibility has been increased** in line with an approved communication strategy. Achievements and success stories were highlighted in different media and forums during Y3. A number of communications materials were developed and disseminated at national and international events.

In January 2015, NHSDP published its first issue of **quarterly newsletter, "HighPoint"** to share activities, events, interventions, success stories, recognition and case studies from the community. The DGHS published NHSDP news in the GOB website, featuring the "Inter-Ministerial USAID-DFID NHSDP Advisory Committee" meeting held in November 2014.

In collaboration with USAID and VOA, a video program developed by Desh TV featuring "Jiboner Golpo" on sexual and reproductive health which was aired on 24 January 2015. NHSDP's COP was one of the expert spokespersons on the program. VOA also featured NHSDP activities in their official website and Facebook page.

In February 2015 NHSDP's **COP chaired a panel on "State of Maternal Health in South Asia: Moving beyond MMR"** at the World Congress on Public Health in Kolkata, India. She also gave a presentation on "NHSDP Portfolio for Women and Girls: Connecting Community and Facility". The COP represented Bangladesh and made a presentation on "Challenges, Strategies and Policies in reduction of MMR in Bangladesh" at the South Asia Conference on Maternal Health in Kathmandu sponsored by Oxfam India.

In March 2015, on the occasion of International Women Day and World TB Day, two features were published in two different national newspapers **highlighting the SH network**. Two TVC's on the Surjer Hashi network were provided to the Social Marketing Company (SMC) and around 50,000 persons watched the TVCs this year.

NHSDP made one presentation and showcased three posters at the USAID-DFID co-sponsored ICUH 2015. NHSDP also actively participated and contribute in four sessions which are, i) DFID session: NGO Health

Programs: Linking community to facility; ii. UPHCP session: Success and challenges of primary health care service delivery in the urban areas of Bangladesh; iii. BRAC session: Strengthening Care for the Poor Mothers and Newborns: Demonstrating Health Care Model for the Urban Poor; and iv. USAID session: USAID/Bangladesh meeting urban health needs.

NHSDP staff actively participated throughout the conference. A television talk show on ATN Bangla was held just after the conference, in which the COP highlighted the contribution of NHSDP in urban areas. An exclusive interview was also held with Ekushe TV where the COP described overall coverage and innovations to reach adolescent, youth, mothers and children through the SH network.

NHSDP also publicized its interventions and achievements through 6 national newspapers and around 30 local newspapers in Bangladesh.

SH Clinics won 421 awards on the occasion of World Population Day, 2015. A brief publication was developed and shared with all levels of stakeholders. (Annex D).

VIP visits to SH sites in Y3 included the Country Representative of the UK government's Department for International Development (DFID), Sarah Cooke, and the Deputy Mission Director of the United States Agency for International Development (USAID), Paul Sabatine participating in a joint visit in Chittagong on October 15-16, 2014. They observed SH static clinics and interacted with clients as well as SH Community Support Group members. A press conference was also held at the Chittagong Press Club. On October 29, 2014 the USAID/Bangladesh Mission Director, Janina Jaruzelski, along with 9 other high level USAID officials, visited an SH Clinic and satellite location in Jessore.

Section VI: Progress of MoU/LoC (Up to 20 October, 2015)

Sl	Name of partner	NHSDP Coordinator	Key Areas of Collaboration	Status Update
1	**SPRING**	Taskeen Chowdhury	**Nutrition** - Promote improved nutrition behaviors and provide nutrition services through SH Clinics. - Coordinate/align nutrition messages. Meet together monthly or quarterly.	- NGOs were informed about the collaboration and provided contact information for NHSDP and SPRING. Points of contact were shared between SPRING and NHSDP. **- 20 September, 2015:** SPRING/Bangladesh made a presentation on 'Tippy-Tap' to PDs and PMs of six NGOs in Dhaka, plus TLs of NHSDP.
2	**Community Clinic**	Dr. Roushon Ara Begum	**Maternal/Newborn Health** - Establish two-way referral linkages, including for NVD - Establish coordination between community support groups, including holding satellite clinics.	- Community Clinics in the catchment areas of SH Clinics identified, collaboration initiated, and shared service opportunities outlined. - Established two-way referral system for lab services, ultrasonography, ANC and delivery. - Paramedics from both organizations collaborated to support community ANC session and refer clients for additional services. - ANC clients are referred from the community clinic to SH clinic for conducting delivery in some places.
3	**MaMoni**	Dr. Roushon Ara Begum	**Maternal Health & Family Planning** - Re-locate satellite clinics and organize special satellite clinics. - Strengthen referral linkage. - Focus on POP clients.	- LOC implementation initiated from September 2015, with an initial meeting between NHSDP, MaMoni and PDs from Bandhan, Proshanti and Sopiret in the presence of district health officials. - PDs agreed to extend MH/FP services to hard to reach areas in Noakhali where MH and FP services through special camps or satellite clinics. - Other aspects of the collaboration were discussed and agreed as per the LOC.
4	**SNL**	Dr. Israt Nayer	**Newborn Health** - SH CSPs will be trained on ENC, including implementation of Chlorhexidine. - NHSDP's NB care strategy will be reviewed and monitored.	- More than 4,000 CSP trained on ENC. - 4 NHSDP Thematic Leads and 24 NGO staff given ToT on CNCP - NHSDP's NB Care Strategy was aligned with the GOB's "Promise Renewed" strategy. - Use of 7.1% Chlorhexidine for cord care introduced in SH Ultra Clinics. - NHSDP is collaborating with SNL's district approach at Kustia, with 4 clinics involved. SNL provided training for MOs and Paramedics. - CNCP training was provided to 116 MOs and Paramedics. - Monitoring of ENC interventions is ongoing.
5	**Global Fund for AIDS, TB & Malaria (GFATM)**	Dr. Mohammad Hossain	**TB Treatment** - Support to selected NGOs for TB activities. **Note: This MOU expired on 30 June 2015**	- SH NGOs implemented activities as per activity and budget, with quarterly performance review meetings. - Supervisory visits from NTP, BRAC (PR-2) and NHSDP were conducted to improve services. - NGOs submitted financial and programmatic performance report to BRAC and NTP as planned. - Fund transfers to NGOs were managed efficiently and on time.

Sl	Name of partner	NHSDP Coordinator	Key Areas of Collaboration	Status Update
6	**PLAN**	Lovely Yesmin Jeba	**GBV** -Improve counseling and clinical support for GBV victims. -Share guidelines and training materials to improve GBV services and reporting.	- List of 38 legal counselors at upazilla level shared - List of available trainings on GBV shared with SH Clinics - Joint workshop on GBV held with SHCSG and other social activists. - SH Clinics refer GBV survivors to BNWLA - 400 copies of book on protecting women and children rights provided for sharing with SH Clinics.
7	**CONCERN**	Taskeen Chowdhury	**Nutrition: IYCF and GMP** -Promote improved child nutrition through joint activities and trainings. -Support policy and organizational development for improved nutrition programming.	- 50 NGO clinical staff trained as Master Trainers on IYCF -70 staff of 4 NGOs and 33 SH Clinics in Dhaka trained on Direct Nutrition Intervention and Growth Monitoring and Promotion (GMP)
8	**Dnet**	Nadim Reza	**Maternal Health Promotion** -Deployments of community agents, identification of poor, referral visits, field visits and district focal person.	- 10,843 mothers were registered by SH Clinics and received health messages from Aponjon (DNet) through mobile phone
9	**Chevron**	Wakarul Haque Nazvi	**Clinic Construction and Equipping**	- Chevron financially supported 3 SH Clinics in Sylhet Division (Karimpur, Kalapur and Shastipur), with 489,491 service contacts from January to July 2015. - Chevron supported construction of SH Clinic buildings at Shastipur and Karimpur; and provided ultrasound machine, X-Ray, ECG and ambulance to Kalapur.
10	**Fistula Care *Plus* Project, Engender Health Bangladesh (EHB)**	Dr. Roushon Ara Begum	**Fistula Prevention Care and Treatment** - Promote fistula prevention and FP. - Identify fistula clients, provide counseling and treatment. - Assist reintegrate/rehabilitation of fistula clients.	- Unified messages on fistula prevention agreed and BCC materials developed for use by SH Clinics - Orientation completed for all CMs of Tangail district on fistula case identification. CMs will identify fistula clients in their clinics and refer them to selected fistula care hospitals. Orientation of other CMs of selected districts will be organized soon. - Special camp in held at Faridpur VPKA clinic to identify and confirm fistula cases. 35 clients attended and 5 fistula cases were diagnosed and referred to a fistula care center.
11	**RTM**	Dr. Nahid Ahmed Chowdhury	**Long Acting Contraception** - Plan and organize camps for LARC-PM services. - Ensure effective counseling, record keeping and on job training.	- RTM conducted 110 outreach sessions by 7 roving teams at 57 clinics of 14 NGOs. - Services included 290 IUDs, 333 implants, 13 tubal ligations and 11 vasectomies.

Annex A. Annual Achievement of Performance Indicators

Sl.#	Description of the Indicators/Items	Total Target (Oct'14-Sep'15)	Quarter-1 (Oct-Dec'14)	Quarter-2 (Jan-Mar'15)	Quarter-3 (Apr-Jun'15)	Quarter-4 (Jul-Sept'15)	Total Achievement (Oct'14-Sept'15)	% Achieved
NHSDP (25 NGOs, Clinics:391; Rural:186; Urban:205)								
1	# of CYP	1,656,500	392,193	384,517	389,437	379,204	1,545,351	93%
2	# of service contacts at NGO SH clinics	39,343,500	9,108,750	9,579,953	10,218,521	10,402,631	39,309,855	100%
3	% of service contacts who qualify as poor	38%	40%	40%	41%	45%	42%	
4	# of injectable provided through USG supported program to prevent unintended pregnancies	1,970,114	471,685	464,461	462,641	453,255	1,852,042	94%
5	# of deliveries with an SBA in targeted communities	28,840	8,198	7,956	8,562	10,272	34,988	121%
5.a	Home births	4,753	1,196	1,381	1,620	2,193	6,390	134%
5.b	Facility births	24,087	7,002	6,575	6,942	8,079	28,598	119%
6	# of ANC checkups provided during pregnancy through USG supported programs	1,453,292	326,195	400,451	457,204	500,450	1,684,300	116%
6.a	First visit	523,185	110,612	144,196	164,576	170,132	589,516	113%
6.b	Fourth visit	305,191	67,747	73,855	84,180	95,724	321,506	105%
7	# of youth (15-25 years) accessing reproductive health services	6,500,000	1,608,528	1,779,430	1,936,584	2,114,528	7,439,070	114%
8	# of newborns born in supported clinics and catchment area receiving immediate newborn care (within 72 hours)	86,000	25,591	28,743	33,910	35,672	123,916	144%
9	# of childhood pneumonia cases treated with antibiotics	169,000	35,549	36,469	36,662	31,783	140,463	83%
10	# of children less than 12 months of age who received Penta3 from USG-supported programs	388,500	87,372	93,676	102,055	101,007	384,110	99%

Sl.#	Description of the Indicators/Items	Total Target (Oct'14-Sep'15)	Quarter-1 (Oct-Dec'14)	Quarter-2 (Jan-Mar'15)	Quarter-3 (Apr-Jun'15)	Quarter-4 (Jul-Sept'15)	Total Achievement (Oct'14-Sept'15)	% Achieved
11	Number of pregnant women who receive counseling on adoption of IYCF practices	518,000	-	225,040	298,482	340,871	864,393	167%
12	# of Pregnant & Lactating Women prescribed with 30IFA (FTF Clinics)	300,000	29,813	253,062	257,648	286,526	827,049	276%
13	# of service contacts with children under 5 that included growth monitoring in USG supported programs in project areas	416,000	35,434	131,644	168,378	204,109	539,565	130%
14	# of vitamin A supplementations provided to children U5 (including NID)	1,100,000	3,832	8,864	1,369,321	5,687	1,387,704	126%
15	# of post-natal care (PNC) services by skilled provider within 48 hrs. of delivery	227,225	49,375	48,160	54,335	67,665	219,535	97%

Annex B. Milestone & Activity Reporting

IR:1: Client based expanded, especially for the poor, for a quality ESP

Sub-IR:1.1: Improved access, especially for the poor, to ESP through a cohesive network of NGO clinics, satellite clinics and CSPs

Sl.	Activities	Time Frame	Status	Remarks
1.1. Milestone 6: Plan for technical assistance to NGOs developed				
1.1.6a	Review and revise NHSDP training plan every 6 months to address needs for comprehensive and integrated services of SH clinics	Q1, Q3	Training plan developed. Now the thematic lead wills organize the trainings according to their individual plan	Training reports will be done by respective NHSDP staff on the basis of their training.
1.1.6b	Develop revised training action plans for NGOs to address service coverage, equity and quality	Q1-Q2	Working on Integrated TA plan with IS team	Process continuing
1.1.6c	Develop updated generic training follow-up tools and evaluation plan and use to ensure quality of all training	Q1-Q4	Developed draft generic training follow up tools. All thematic leads will use this tool to evaluate the training	Continuous process
1.1.6d	Monitoring the status of completed competency-based clinical and refresher trainings for paramedics, physicians and CSP to expand the range of ESP services	Q1-Q4	5-day Comprehensive Newborn care training for Paramedics and for Doctors was organized in this quarter	Continuous process
1.1.6e	Support the NGOs to plan and provide on-going on-the-job TA on the basis of staff knowledge gaps to ensure quality ESP services in the SH clinics	Q1-Q4	Continuing on-the job support during clinic visit by individual technical lead	It will also be reflected in monthly clinical session report in the SH clinic. It is continuous activity
1.1.6f	Organize training on Syndromic Management of STIs /RTIs	Q2-Q3	This training is done by AITAM on 14-17 September'15	19 Paramedics participated in this training
1.1.7d	Support NGO clinics to use their training knowledge in improving their service delivery through on-site technical assistance	Q 1-4	Continuous activity	
1.1 Milestone 7: Supportive supervision				
1.1.7a	Develop guideline for the NGOs on supportive supervision system to support and supervise clinics	Q1	Done	
1.1.7b	Orient the NGOs on the guideline	Q1	done	
1.1.7c	Provide support to the NGOs to functionalize the supportive supervision system for ensuring quality program implementation from SH clinics	Q1-4	field visit ongoing, recommendations were sent to NGO and TLs follow up	

Sl.	Activities	Time Frame	Status	Remarks
1.1.7d	Support NGO clinics to use their training knowledge in improving their service delivery through on-site technical assistance	Q 1-4	Continuous activity	
1.1.7e	Work with the NGOs to identify their gaps at the clinic level and mobilize support from NHSDP	Q 1-4	Continuous activity	
1.1 Milestone 8: ≥90% of clinics have women-centered services as confirmed by quality assurance checklist				
1.1.8a	Conduct orientation on Social Action and Analysis (SAA) method to increase gender equitable service provision with different levels of service providers and SHCSG members	Q2-Q4	19 batches of SAA orientation conducted with 515 NGO & clinic level staff whereas 2871 SHC staff participated in cascade training.	Rest of 5 batches will organize in Y4 along with cascade training for SHC staff.
1.1.8b	Workshop for building social awareness on Gender Equality and Gender Based Violence (GBV) to support the GBV survivors and to form a network of organizations working on Human Rights and Legal Aid issues	Q1 -Q4	In Q1 workshop organized for 9 clinics of 2 NGOs (PSTC-6, Kanchan Samity-3). Total participants were 266.	Due to budget constraint of other NGOs, the activity has not continued
1.1.8c	Workshop on developing Gender policy and action plan of NGOs with Gender Focal Point, Project Director and selected EC/Board members of NGO	Q1-Q4	Out of planned 14 NGO's Gender Policy, only 7 could be done due to country-wide political unrest situation in first two quarter.	Rest of the Gender policy development will continue in Y4
1.1.8d	Gender Assessment of NHSDP	Q1-Q3	Due to procedural delay, consultant hiring process yet to be completed.	Assessment will start from Q1, Y4.
1.1.8e	Establish formal referral protocol with One Stop Crisis (OCC) center of Ministry of Women and Child Affairs (MoWCA), NGOs & other human and legal rights based organizations for providing support to GBV survivors.	Q2-Q3	Central level MOU with OCC is under process. But local level collaboration has already been established, and NGO clinics have started referring GBV survivors to the nearby OCC centers.	
1.1.8f	Work closely with BCC and CM team to ensure that NHSDP BCC messages, materials to promote gender equality and reduce GBV both at clinic and community level.	Q1-Q4	Need based activities done as required.	Continued as need based approach
1.1.8g	Develop guideline for counseling to male clients on male participation in ESP services and follow of guideline implementation	Q2-Q4	Guideline on positive masculinity and male participation in SRHR services has drafted and shared for feedback.	Guideline will be yet to be finalized.
1.1.8h	Meeting of Gender Working Group (GWG)	Q1-Q4	One GWG meeting conducted in June, 2015	Due to political unrest situation another meeting could not

Sl.	Activities	Time Frame	Status	Remarks
				organized
1.1 Milestone 9: Implement continuous quality improvement (CQI) plan at ≥90% SH clinics				
1.1.9a	Workshop to revise QMS guidelines and develop CQI plan for improved quality and supervision	Q1	QMS Guideline revised and shared with all NGOs. Also an orientation was given in Q3	Done
1.1.9b	Provide orientation to the Monitoring Officers (MO) on the guideline including tools and develop Clinic-specific CQI plan	Q1, Q3	Discussion held on clinic level CQI plan in Clinic Management orientation and CQC meeting. Monthly and quarterly CQI reports are submitted to SH NGO HQ. Developed monthly reporting format for NGOs to ensure use of regular quality checklist and to conduct clinical session.	Continuous process
1.1.9c	Organize orientation on waste management plan and guideline	Q1	Organized orientation on waste management plan	Done
1.1.9d	Capacity building on Initial Environment Examination (IEE)	Q1-Q3	Discussion on IEE held during CQC meeting. MOs will use Environmental Checklist for Initial Environment Examination (IEE) in all clinics, once every quarter.	Continuous process
1.1.9 e	Regular meeting with NHSDP staff on updated information or current status of SH clinic on environmental compliance	Q2-Q4	Continuing on the basis of Clinic visit findings	Continuous process
1.1.9f	Assist process for collection of license from Government for SH clinic on environment	Q1-Q2	Process continuing	
1.1.9g	Ensure segregation of medical waste through 4 color coded bucket in all clinic	Q1-Q2	All NGOs have 4 color coded bucket	Done
1.1.9h	Assist NGOs to link/collaborate with GOB/Private NGOs/facilities for regular Off-site waste disposal in all clinic	Q1-Q4	34 SH clinics in Dhaka, 9 clinic in Chittagong and 17 clinics in Khulna are practicing off-site waste disposal through Prism Bangladesh, Innovation Sheba Shagshta and Prodipan respectively. In addition, 68 clinics are ensuring off-site medical waste disposal through City Corporation or the municipality waste disposal system.	Process continuing.
1.1.9i	Organize Infection prevention training	Q1-Q3	Two training on Infection prevention organized at Khulna April'15 and one refresher training on IP during June'15. TOT on Infection prevention organized at Dhaka during March'15 (Q2).	On going
1.1.9j	Provide support to NGOs to conduct cascade training on infection prevention training	Q3-Q4	PKS organized IP training on May'15. PSKS organized IP training on June'15. Other NGOs will organize training from next quarter.	On going

Sl.	Activities	Time Frame	Status	Remarks
			CWFD organized IP training in last quarter at Dhaka	
1.1.9k	Assist MO to build capacity of clinics to design and implement CQI plan including EMMP through system and process refinements and use of QMS report to improve service delivery in SH clinic	Q1-Q3	QMS reporting system established and followed by NGOs. To keep track of CQI plan every month Monthly report is collected from NGOs.	Continuous process
1.1.9l	Setting up and facilitating Clinic Level Quality Circle (CLQC) and EMMP monitoring at SH clinics	Q1-Q4	Continuing CLQC in clinic level	Every month MOs are sending CQI report to NHSDP
1.1.9m	Conduct Quarterly meeting of Clinical Quality Counsels	Q1-Q4	CQC meeting conducted in this year in each quarter (total 4)	Monitoring Officers, Project directors and staff of new SMC clinic were participated in these meeting
1.1.9n	Analyze and give feedback on last QMS report to MO to conduct six monthly QMS visit in each clinic	Q2, Q4	NGOs completed QMS visit in respective clinics and sending report to NHSDP. Feedback on QMS visit report discussed in the CQC meeting on 9 June'15	Continuous process
1.1 Milestone 10, 10 a : Increase use of family planning methods and promote HTSP among eligible couples to increase in CYP				
1.1.10a	Support the NGOs to integrated FP/HTSP counseling within other services such as EPI, IMCI and nutritional counseling to reduce missed opportunities FP/HTSP	Q2	A few guidelines were reviewed on missed opportunities. In many clinics the counselor and paramedics are providing information on FP during visits for EPI, ANC, PNC and IMCI	
1.1.10b	Develop LOC with Engender Health for Roving Team and functionalize the MOU	Q1	LOC signed with RTM on 24th of February	
1.1.10c	Use Roving Teams to conduct regularly scheduled LAPM outreach services at SH clinics	Q2-Q4	103 Roving team outreach sessions were organized at 59 clinics in 15 NGOs. In these outreach sessions 353 implants, 304 IUDs were inserted and 20 tubal ligations and 6 vasectomies were performed.	
1.1.10d	Provide Postpartum FP training to doctors and paramedics of Ultra clinics in at least 50 facilities.	Q2-Q4	Postpartum FP training on IUD was provided to 21 paramedics and 15 doctors from 18 EmOC clinics.	
1.1.10e	Develop networking with private providers and institutions for LAPM	Q1-Q4	A list of private providers providing LAPM has been collected from SMC and will be shared with NGOs. A matrix is developed with SMC, Engender Health to coordinate on the private providers and institutions.	
1.1.10f	Facilitate creating 15 Master Trainers on LAPM jointly with	Q4	As it is not possible for doctors to be available for 18 days training so this	

Sl.	Activities	Time Frame	Status	Remarks
	Engender Health at each substations from selected NGOs		activity was not done.	
1.1.10g	Provide IUD training to 30 paramedics, Implant training to 30 doctors and tubectomy and vasectomy to 10 doctors.	Q2-Q4	In this year training was provided to 33 paramedics from NGOs and clinics. 10 doctors were trained on implant for 3 days and 9 doctors were trained on LAPM for 18 days. The training was organized by EngenderHealth. The paramedics were also provided on the job training after the training.	
1.1.10h	Advocacy meeting with GOB on task-shifting (e.g., paramedic inserting implants and Service Promoters (SPs) providing injectable)	Q1-Q4	Draft brief developed for SPs for injectable.	
1.1.10i	Coordinate with SMC for continuous supply of Jadelle in the SH clinics.	Q1-Q4	SMC is in agreement with NHSDP to provide Jadelle in time of need.	
1.1.10j	Provide training to 330 SPs on injectable	Q2-Q4	Not done, as we could not avail approval from the GOB for SPs to provide injectable.	
1.1.10ik	Provide training to 330 SPs on post-abortion and post- partum family planning counseling.	Q2-Q4	First batch training with 24 SPs were conducted to provide information on PPFP and post-abortion FP. Rest of the SPs will be trained in integrated training in Year 4.	
1.1.10l	Support NGOs to disseminate information on PPFP, PAC FP and MRFP to clients of SH clinics	Q2-Q4	Final draft PPFP Guidelines developed. PPFP and PAC-FP are incorporated in the module for Integrated training for FP	
1.1.10m	Linkage with GOB, MSB and other private institutions/providers for referral of PAC clients to SH clinics for PACFP and MRFP	Q2-Q4	A LOC is signed between MSB and NHSDP for establishing collaboration among MSB clinic s and SH clinics for referral of clients of PAC, PACFP and MRFP	
1.1.10n	To provide Emergency Contraceptive (EC) from SH Clinics a NHSDP Guideline on EC will be developed by adapting from GOB EC Guideline.	Q2-Q4	Final draft Guideline developed on ECP	
1.1.10o	Develop Guideline on emergency contraceptive for SH clinics adapted from GOB guideline	Q2-Q4	Final draft Guideline developed on ECP	
1.1.10p	Translate the USG FP compliance Training Guideline published by Pathfinder in Bangla and share with all NGOs.	Q1	USG FP compliance Training PPT translation completed and shared with NGOs staff. An acknowledgement form (Bengali) on FP compliance developed and circulated. A Bengali brochure on TIAHRT, Helms and PD3 developed to be used by NGOs.	CT/QAS is the FP compliance focal point at NHSDP

Sl.	Activities	Time Frame	Status	Remarks
1.1.10q	Organize training of NHSDP staff on Planning Compliance (including overview of USG FP Compliance policies, as well as monitoring tools and guidelines)	Q1, Q3	Orientation Conducted	Done
1.1.10r	Provide one to one orientation on FP compliance for new NHSDP staff	Q1-Q4	New NHSDP staff oriented on FP compliance and completed FP certificate course.	Need based
1.1.10s	Regular meetings with NHSDP staff to share updates, recent changes, best practices and lessons learned in FP compliance.	Q1-Q4	Discussion held among technical leads after each visit. Conference calls are organized with NGOs to give feedback on clinic monitoring visit.	Continuous process
1.1.10t	Conduct Monthly conference call with Pathfinder International headquarters for orientation and operational support for on FP compliance	Q1-Q4	Organized by PI HQ regularly	Continuous process
1.1.10u	Monitor FP compliance at SH clinics during routine field visits with the NHSDP compliance monitoring tool	Q1-Q4	All Technical and Non-technical NHSDP staff continuing FP compliance monitoring during clinic visit	Continuous process
1.1.10v	Training NHSDP staff on FP compliance.	Q1	Orientation on FP compliance for NHSDP staff held on 6 January'15	Done
1.1 Milestone 11, 11a, 13, 14: Increase ANC checkups to pregnant women, delivery assisted by SBA, and PNC services to the women within 48 in targeted communities				
1.1.11a	Organize ToT for Clinic Manager, Monitoring Officers and Paramedics (total 136 participant) on use of MgSO4, Misoprostol and maternal health strategy	Q2-Q4	Guidelines on Misoprostol use and Implementation plan are adopted from GOB guideline. Training will be conducted in Y4.	
1.1.11b	Follow-up implementation of Birth-preparedness(BPC) guidelines	Q1-Q4	New BPC developed and distributed to all clinics. Technical leads are doing follow up during field visits.	
1.1.11c	Organize integrated training for 660 CSPs and 330 SPs on maternal, newborn, adolescent, nutrition, family planning issues	Q3-Q4	Training curriculum developed. One batch NGO trainers received TOT and 1 batch SP received the training.	
1.1.11d	Follow up Use of Misoprostol implementation guidelines by the SBAs	Q2-Q4	Following training follow up of misoprostol use will be done.	
1.1.11e	Follow-up adherence to the ANC and PNC guidelines by the service providers at SH clinics and community	Q1-Q4	Implementation of the guideline follows up done during field visit by all the technical leads.	
1.1.11f	Follow up the implementation of operational guidelines on MNH referral (both internal and external)	Q1-Q4	Implementation of the guideline follows up done during field visit by all the technical leads.	
1.1.11g	Establish collaboration with BRAC (Manoshi), Marie-Stopes and Community Clinics for cross-	Q4	MoU with community clinic and Marie Stopes's clinic signed. Developed draft LoC with BRAC. Signing will be done	

Sl.	Activities	Time Frame	Status	Remarks
	referral of delivery services.		soon.	
1.1.11h	Follow up the implementation guidelines involving SHCSG for 'Teen diner pahara (three-day vigilance)'on referrals, transportation, voluntary blood donors and hoisting of red flag on pregnant woman's house.	Q1-Q4	Jointly done with the community mobilization team.	
1.1.11i	Provide support to the NGOs with EmOC clinics in formation of Technical Excellent Support Team (TEST) for on-call rosters to manage obstetric emergencies	Q3-Q4	Done	
1.1 Milestone 12: ≥30% increase in number of newborns born in supported clinics receiving immediate newborn care from baseline				
1.1.12a	Organize ToT for 26 Monitoring Officers/ Medical Officers and 52 Paramedics on ENC	Q1-Q2	Provided five-day training to 24 Medical Officers and 48 Paramedics a (four) on Comprehensive Newborn Care Package (CNCP).	
1.1.12b	Organize refresher training for paramedics/Monitoring Officers on HBB (15) and IMCI (45).	Q2-Q3	Helping Babies Breathe (HBB) training was provided to 10 paramedics in Q2 with support from MaMoni HSS project and BSMMU.	Now HBB training has been integrated within the CNCP training. Refreshers training on IMCI could not be organized as revised budget was not approved.
1.1.12c	Organize training for 15 paramedics and medical officers on newborn resuscitation, management of LBW babies and sick newborns in four selected EmOC facilities	Q3-Q4	20 Paramedics from selected clinics were trained on newborn resuscitation, management of LBW babies and sick newborns	
1.1.12d	Follow up training of CSPs on ENC provided by the NGOs	Q2-Q4	Continuous activity	
1.1.12e	Follow up implementation status of newborn care strategy and adherence to operational guidelines by the service providers while providing community and clinic-based essential newborn care services	Q1-Q4	Implementation status was followed up through field visits	
1.1.12f	Provide technical support to BCC team in developing BCC materials on newborn care to increase awareness on newborn care	Q1-Q4	No new BCC materials on newborn care was developed during the reporting period but Y2 materials was reprinted	

Sl.	Activities	Time Frame	Status	Remarks
1.1.12g	Provide technical support to include newborn care in the SHCSG orientation package for involving them in 'three day vigilance' and improve referral from communities for newborn care	Q1-Q4	Provided content on ENC to include in SHCSG orientation package.	
1.1 Milestone 15: ≥30% increase in # of childhood pneumonia cases treated with antibiotics by training facility/community worker from baseline				
1.1.15a	Provide guidelines/ training module to NGOs for training of CSPs on ARI case management (community IMCI)	Q1-Q2	Bengali guideline on ARI case management by CSPs developed and provided to NGOs.	
1.1.15b	Organize facility IMCI training for 52 paramedics	Q2	Not done	Revised budget for this training was not approved.
1.1.15c	Provide technical support to BCC team in developing BCC materials on ARI to increase awareness	Q1-Q4	No BCC material specific on ARI was developed during the reporting period but guideline in a pictorial form was developed and circulated to all clinics.	
1.1.15d	Provide technical support to CMA include ARI in SHCSG orientation package for involving them in awareness raising and referral of ARI cases from communities to SH service delivery points	Q1–Q3	Provided content on ENC to include in SHCSG orientation package.	
1.1 Milestone 16: Increase reproductive health service to the youths (15-25 years) (≥25 %)				
1.1.16a	Disseminate ASRH Strategy and ANGEL model developed for unmarried, married and first-time parents with all NGOs	Q1	ANGEL Model developed and shared with all NGOs. Bangla version of the ANGEL Model is also shared with all NGOs	
1.1.16b	Roll out the Strategy and ANGEL model developed for providing ASRH information to unmarried, married, first-parents aged 15-25 years old.	Q1-Q4	At present ANGEL Model is being rolled out in all SH clinics	
1.1.16c	Develop training curriculum for ASRH training	Q1	Integrated Training curriculum is finalized with feedback from Pathfinder and module is developed for training. The curriculum is translated in Bangla also.	
1.1.16d	Capacity Building of NGO staff on ASRH by training 330 clinic managers and 330 SPs of SH clinics.	Q2-Q3	TOT was provided to trainers of NGOs and trainers will provide training to SPs and CSPs Integrated training will be provided to all SPs in Y4.	
1.1.16e	Revision of 'Women and Girls Centered Services Guideline' of	Q1-Q2	Women and Girls Centered Services Guidelines and checklist revised and	

Sl.	Activities	Time Frame	Status	Remarks
	NHSDP to incorporate youth friendly health service center checklist		criteria for youth friendly service is incorporated and finalized	
1.1.16f	Provide orientation to all NGO PDs on the Adolescent strategy, operational guidelines and youth friendly health service guidelines addressed.	Q2	The ANGEL Model and the criteria for youth friendly health service are shared with all PDs at performance review meeting in April.	
1.1.16g	Incorporate youth-friendly health service center checklist into the QMS.	Q2	The criteria incorporated in QMS	
1.1.16h	Identify and document innovative approaches to reach 15-25 years adolescents and youths	Q3-Q4	Documents from all NGOs were submitted regarding the new approaches and the documents were reviewed and summary of the approaches was developed.	
1.1.16i	Ensure access to information and contraceptives to young people through selected ESP services at the community level and through CSPs, Blue Star Providers, and SMC distributors.	Q2-Q4	This process will be partially addressed by ANGEL Model and the list of Blue star providers will be shared in Y4.	
1.1.16j	Establish and roll-out a protocol for prioritizing pregnant adolescents' clients in SH clinics.	Q2-Q4	This will be addressed as part of the ANGEL Model	
1.1 Milestone 17: Increase in clients that respond favorably to provider-patient interaction See Milestone 2.2.1				
1.1 Milestone 3, 18: Provide services to the poor (At least 40%)				
1.1.18a	Finalize strategy paper on reaching the poor	Q1-Q2	Guideline on reaching the poor is done.	Strategy paper development is in process.
1.118b	Conduct assessment of access barrier by poor and marginalized populations	Q1&Q3	Conducted	Result will be shared in Q1Y4
1.118c	Develop and print format and module for identification of poor beneficiary.	Q1-Q2	Not done	Module of reaching the poor will be done in Q1Y4
1.118d	Clarify (1) approaches to reach the poor both in rural and urban areas and (2) strategies for transforming existing static and satellite clinic-affiliated SHCSG to be pro-poor. Co-ordinate with relevant health authorities, e.g., Upazila health/FP officials, MOLGRDC.	Q1	Done in Q 1	A guiding approach has been developed and field team are using the guideline
1.118e	Consultation Meeting with Project Directors on approaches to reach poor and implementation of voucher system	Q2	4 consultation meeting has been done.	

Sl.	Activities	Time Frame	Status	Remarks
1.118f	Provide training to Clinic Managers, service promoters and a small sample of CSPs to implement strategies and approaches to reach the poor	Q2	322 Clinic manager received orientation on Poor and POP guideline.	322 Clinic Managers have oriented through training. SP and other staff have been oriented in their regular monthly meeting in cascading manner.
1.118g	Implement uniform health card system for poor and other paying clients served by the project, including establishing standardized guidelines for fee subsidization	Q 2-Q3	All the NGO (25) has been printed the uniform Health card in .Three types of card (LA, HBC and FCC) are used. LA card holder get full free services and HBC card holder get subsidization as per guideline.	All the NGOs have been printed and using the card.
1.118h	Monitor the progress of reaching the poor against target through clinic and NGO-wise routine reflection meetings and take appropriate actions	Q1-Q4	On going	
1.118i	Advocate with GOB to expand DSF to more upazilas supported by NHSDP	Q 1-Q4	Ongoing. SH clinics are included under DSF	Govt. DSF program is in 53 Upazilas of the country; out of which NHSDP has SH clinics in 25 Upazilas. At present 15 SH clinics are included in the Govt. DSF program.
1.118j	Facilitate collaboration with Care-SHOUHARDO, SCI-Nobojibon and UNDP-UPPR to extend the services for poor customers through SH network in the hard to reach areas of Bangladesh	Q 2-Q3	LOC with UPPRP (DFID funded) has been done. Another two LOC with SCI-Nobojibon, CARE-SHOUII is under process	As SHOUII and Nobojibon is going to phased out in September that why LOC is delayed and will be done in next phase start up.
1.118k	Functionalize the collaboration with other USAID and UNDP projects and NHSDP NGOs	Q3-Q4	Collaboration with MSB, UPPR'P are functioning at field level	Other collaboration is in progress.
Milestone 19: ≥ 25% increase in annual service contacts from baseline at NGO partner clinics				
1.1.19a	Organize and coordinate all technical supports from NHSDP as required by the NGOs	Q1-Q4	16 Technical leads (TL)'s regularly coordinated with their assigned NGOs to provide routine and special support on various themes and report preparations and field level activities.	

Sl.	Activities	Time Frame	Status	Remarks
1.1.19b	Organize monthly meetings for tracking deliverables	Q1-Q4	Each IR leads organized monthly meetings to track their progress and discuss if any support needed in the SMT.	
1.1.19c	Organize field visits for identifying technical gaps required for achieving goals of NHSDP among NGO staffs and their service delivery	Q1-Q4	All technical leads have started field visits, total 220 technical and compliance visit was done by the TLs, and additional 70 visits were done by the finance &operations team.	
1.1.19d	Integrate BCCP, S2S, IST activities to support NGOs to increase service contacts by ensuring quality service delivery from all SH clinics	Q1-Q4	All thematic guidelines were sent to all clinics and orientation was organized for 284 clinic managers.	
1.1.19e	Support all NGOs for initiating operation from their new vital and ultra-clinics during expansion year	Q1-Q4	All Technical leads provided support to their respective NGOs in functionalizing their new clinics.	
1.1.19.f	Support all NGOs for identifying appropriate strategies to increase contacts from all SH clinics	Q1-Q4	NHSDP TLs provided close support for increasing client numbers especially for the underperforming clinics to their assigned NGOs.	
1.1 Milestone 20: Expand SRH services to strengthen TB and implement pilot HIV-ESP integrated interventions in selected areas				
1.1.20.a	Establish linkage and coordination with NTP for TA and logistic support for NHSDP NGOs for TB programs	Q1-Q4	Linkage Established. 34 NGO staffs received training from NTP. NHSDP & NGOs attended in Bi-annual, Quarterly and Stake holders meeting organized by NTP	
1.1.20.b	Coordinate with NTP for collection and distribution Nationally developed ACSM materials on TB	Q1-Q4	Materials collected and distributed through TB CARE II project.	
1.1.20.c	Provide resource support to NTP to train 64 Program Organizer (PO) place at district on basic management TB program at district level	Q1	Not required. NTP managed that with GFATM support.	
1.1.20.d	Support NTP to conduct training on sputum smearing, staining and on basic laboratory activities for 44 laboratory assistants assigned in peripheral TB laboratory.	Q1	Not required. NTP managed that with GFATM support	
1.1.20.e	Extend resource support to NTP to organize Basic laboratory training (AFB microscopy on Z-N method) for 36 Medical technologist-labs from peripheral TB laboratory.	Q2	Not required. NTP managed that with GFATM support	
1.1.20f	Conduct orientation for 60 CM & MO on management of DOTS with special focus on child TB	Q1-Q2	Completed. Total 64 persons received training on basic DOTS.	
1.1.20.g	Coordinate with PR-GFATM (BRAC) for TA and logistic support	Q1-Q4	Coordinated and Logistic distribution ensured. Support continued through	

Sl.	Activities	Time Frame	Status	Remarks
	for 8 NHSDP TB NGOs		new GFATM agreement with BRAC. 61 NGOs staffs received training on different components of DOTS.	
1.1.20.h	Work in a team with NTP and BRAC to provide supportive supervision and on- spot TA to improve quality of TB services in DOTS and microscopy centers of 8 NHSDP TB NGOs	Q1-Q4	Bi-annual performance review workshop organized. Monitoring visits from BRAC and NTP coordinated and held.	
1.1.20.i	Coordinate with BRAC and NGOs to share performance in routine quarterly performance review meeting	Q1-Q4	Quarterly performance review meeting organized.	
1.1.20.j	Negotiate with BRAC for extension of agreement on TB beyond June 2015	Q1-Q2	Done. Agreement signed in August 2015.	
1.1.20.k	Develop collaboration and partnership with USAID funded URC/TB CARE II to enhance support on TB for the NHSDP NGOs	Q2-Q3	LOC signed and activities completed	
1.1.20.l	Provide TA to SMC in integrating HIV/STI related services with that of ESP in selected 10 HIV/STI service delivery points	Q1	Completed	
1.1.20. m	Support SMC in rolling out pilot integrated HIV-ESP model services in selected 10 HIV/STI facilities	Q1 – Q2	Completed	
1.1.20.n	Establish linkages with NASP for TA and logistic support for the HIV-ESP pilot program	Q1-Q4	Linkage established. 10 HIV/STI facilities included in NASP database and reporting systems. Two staffs received training from NASP.	
1.1.20.o	Assist SMC developing guideline/tools/checklists to ensure quality of services at clinic level.	Q1-Q2	NHSDP guidelines and BCC Materials provided. MIS training provided on integrated data management.	
1.1.20.p	Assist SMC to develop capacity of selected NHSDP NGOs to integrate HIV Prevention Services	Q1-Q4	Integration of HIV prevention, counseling and testing services completed in three SH clinics managed by three SH NGOs (CWFD, PKS and Kanchan). NGO capacity developed to manage new program.	
1.1.20.q	Orient 330 SP on basics of HIV/STI through Integrated training package for SPs.	Q1-Q4	This is a part of the NHSDP planned integrated training initiative. Not yet started.	
1.1.20.r	Support SH NGOs to create network with local HIV & TB NGOs for referrals	Q1-Q4	Networking created, referrals ongoing are ongoing.	
Milestone 21: Expand selected services in CHT to augment health service activities				
1.1.21a	Develop guideline/strategy for	Q1, Q2	Done, Approved by USAID	

Sl.	Activities	Time Frame	Status	Remarks
	implementation of ESP services through SH network			
1.1.21b	Identifying new NGOs working in CHT for ESP service delivery under NHSDP network(in addition to FDSR)	Q1-Q4	Identification completed, points of collaborations identified initially but waiting for concurrence	
1.1.21c	Establish collaboration with GOB and CHT district council for ensuring their support towards NHSDP NGOs	Q1-Q4	Started advocacy at local government level.	
1.1.21d	Organize quarterly advocacy meetings with the MOCHT affairs	Q1-Q4	IPC was done with MOCHT. The Secretary has been oriented on NHSDP's commitment for CHT	
1.1.21e	Establish collaboration network with UNDP projects working in CHT	Q1-Q4	Collaboration started. Uphold 2 meetings. Planned for a joint field visit. LOC will be signed after the joint field visit	
1.1.21f	Support the CHT NHSDP NGOs to start ESP services from SH clinics by organizing all technical support from NHSDP technical teams	Q1-Q4	Done. 7 SH clinics are performing at present in CHT.	Monitoring visit conducted in 3 out of 7 CHT SH Clinics
1.1 Milestone 22: Establish coordination with urban governance bodies to improve urban health governance to provide needed services				
1.1.22a	Assist NGO to Sign MoU with different City Corporations and District Municipalities to avoid duplication of services	Q2-Q3	MoU drafted and shared with UPHCSDP for their final comments.	Not yet received final comments from UPHCSDP
1.1.22b	Sign MoU between local governments and NHSDP sub-grantee NGOs at Union Parishad and Municipalities' level for continuation of the SDLG collaboration	Q2	Field operation of SDLG's supported partners has closed in last October 2014.	SDLG project closed
1.1.22c	Assist NGOs to pilot Surjer Hashi Community Support group (SHCSG) model at district Municipality level	Q1	This activity is going on at Meherpur. Meeting held at SHCSG level on monthly basis.	Piloting is going on at Meherpur District
1.1.22d	Assist to NGOs in organizing coordination meeting with City Corporation and Municipalities	Q2-Q4	Not done. Due shortage of budget provision	Six monthly basis meeting (10 City Corporation & 95 Municipalities will be held from Q2 Y4
1.1.22e	Incorporate SH family planning and MH service indicators in SDLG's existing monitoring tool	Q1- Q2	Field operation of SDLG's supported partners has closed in last October 2014. Therefore, it was not possible to do.	SDLG project Close
1.1.22f	Incorporate health and family planning messages into SDLG's current BCC interventions (grass-root drama etc.)	Q2	Field operation of SDLG's supported partners has closed in last October 2014. Therefore, it was not possible to do.	SDLG project Close

Sl.	Activities	Time Frame	Status	Remarks
1.1.22g	Develop one hour session on nutrition ,reproductive health and adolescent health issues to include in the SDLG training courses/curriculum	Q2	Field operation of SDLG's supported partners has closed in last October 2014. Therefore, it was not possible to do.	SDLG project Close
1.1.22h	Conduct a study to explore the viability of formation of Young Mother's Club and Young Married Women's club in Urban and rural area.	Q2	To assess the viability of formation of Young Mothers Club at community level in urban the Community Mobilization Team (CMT) has developed a set of questioner to interview young mothers and newly married women. 24 young mothers have interviewed in Meherpur including one FGD with young mothers.	Ongoing the activities in Meherpur & Gangni Municipalities
1.1.22i	Share the study report and findings with NHSDP staff.	Q2	As the study has not been conducted in Q2 thus it will be conducted after implementing this model in urban	Will be done in Q-1 Y4
1.1.22j	Share the study findings with the NGOs in quarterly review meeting for implementation	Q3	As the study has not been conducted yet, thus it is expected to share in Q 4.	Will be done in Q-1 Y4
1.1.22k	Assist NGOs to deploy and train urban CSPs for increasing urban outreach, targeting the underserved population	Q1-Q2	176 Urban CSPs recruited. Initial orientation has been given by the respective NGO. The newly recruited CSPs will get integrated training in Q3.	The newly recruited CSPs will get integrated training in Q1 Y4.
1.1.22 l	On the job training to SHCSG meeting	Q1-Q4	The Clinic Manager and SPs are providing on job training to SHCSG leaders during quarterly meeting at static clinic.	This activities are continuing
1.1 N1: Mainstreaming nutrition services across the network				
N1a	Organize six-monthly NHSDP Nutrition Technical Advisory Group (NTAG)	Q2&Q3	Postponed	This meeting could not take place due to political disturbances. Will be done in Y4
N1b	Facilitate ToT on Basic Nutrition (Monitoring Officers, Medical Officers and Paramedics)	Q1&Q2	Postponed	The process was initiated and ToR for this was finalized. However due to political disturbance and approval of revised budget, this activity has been postponed
N1c	Supervise cascade training on Basic Nutrition for the clinic level	Q3-Q4	Postponed	

Sl.	Activities	Time Frame	Status	Remarks
	service providers (Medical Officer, Paramedics, Counselors, CSPs)			
N1d	Facilitate ToT on Growth Monitoring and Promotion (GMP) for Monitoring Officers, Medical Officers and Paramedics	Q1	70 NGO staff of 33 SH clinics of Dhaka city received orientation on GMP.	Rest of the clinics will receive this orientation during Basic Nutrition training
N1e	Initiate the process of identification and referral of Severe and Moderate Acute Malnutrition at District Hospitals at 'Feed the Future' (FtF) zone partnering with other stakeholders.	Q1	Discussion with NNS-IPHN is continuing on training, identifying and referring cases on Severe and Moderate Acute Malnutrition.	
N1f	Organize training on Identification and referral of Severe and Moderate Acute Malnutrition for selected SH service providers (Medical Officers, Paramedics and Clinic Manager)	Q2	On-going	
N1g	Continue collaboration with nutrition stakeholders (NNS/IPHN, UNICEF, Bangladesh Breastfeeding Foundation (BBF), SPRING, SHIKHA, Sisimpur etc.) for nutrition IEC materials, training etc.	Q1-Q4	Received 98,000 GMP cards in two-phases (53,000 in Q-2 and 45,000 in Q-3) from NNS for 33 clinics in Dhaka city corporations. SMC also supported to print 42,500 GMP cards for FtF zone clinics.	Collaboration with SISIMPUR will not take place at the moment due to their fund constraint.
N1h	Printing/developing of nutrition specific IEC materials (eg. GMP cards, IYCF brochure, Basic nutrition module), instruments (eg. MUAC tapes, Height scale etc.) for Feed the Future Zone clinics and rest of the SH clinic	Q1-Q4	Provided 306,000 cards to 318 clinics.	Instruments will be procured in Y4
N1i	Establish Nutrition corner in Static Clinics based on available space in few selected clinics to showcase the feasibility	Q4	Initiated the process	

Sub-IR1.2: Strengthened Partnerships and Coordination with GOB authorities and Other USAID-supported Projects

Sl.	Activities	Time Frame	Status	Remarks
Milestone 1.2.1: List of all clinics to be supported in program agreed by GOB authorities, Contractor, NGOs and USAID				
1.2.1a	Provide need based TA to NGOs for area allocation by DTC	Q1&Q 2	NHSDP provided TA to NGOs and SH clinics received DTC approval from DGFP.	Completed
1.2.1b	Assist NGOs for Govt. approval of DGHS & MoEvn.	Q1&Q 2	Director-Hospital of DGHS provided license for EmOC clinics.	Completed

Sl.	Activities	Time Frame	Status	Remarks
1.2.1c	Work closely with MoLGRD, MoSW, MoW&CA to collaborate and coordinate in order to ensure service expansion (both geographic and increased service provision) for the poor at SH service delivery points	Q1-Q4	Inter-ministerial NHSDP Advisory Committee two meeting held which provided strategic direction to improve SH clinics performance. Ministry of Information agreed to publish the SH clinic's BCC messages through Govt. existing mass media. Draft LOC for MoSW has been formulated.	Completed & follow up activities are going on.
1.2.1d	Advocacy/telecommunication/Skype discussion on USAID, DFID & Govt. policy with NGOs on MNCAH-FP services.	Q2-Q4	Teleconference was done on policies with Swanirvar, BAMANEH, JTS, Shimantic, UPGMS, SUPPS, Bandhan, PKS, Prosthanti, Image, Nishkriti, SUS &VFWA.	Completed & will be continued in year – 4.
1.2.1e	Dissemination of national policy on HPN to NGOs.	Q1-Q4	The policy of HPNSDP disseminated to NGOs. The meeting minutes of National Technical Committee on FP during 2010 to 2015 (March) have been collected; Following the decision of NTC, the Policy brief on use of Folic acid and Calcium for pregnant women were sent to NGOs.	Completed & will be continued in year-4.
Milestone 1.2.2: ≥90% of clinics have community maps				
1.2.2a	Continue to analyze & update the community maps and identify the institutions, influential persons, PoP & other stakeholders for preparing mobilization plan at clinic level & expand/enhance the coverage of the services.	Q1-Q4	Meeting was held with Director, MCH of DGFP to prepare a LOC on referring pregnant women for delivery from Govt. non-EmOC Union Health & Family Welfare Centre to SH EmOC clinics. During clinic visit the CM was advised to analyze the map & expand services in underserved area.	Completed & follow up activities will be continued.
Milestone 1.2.3: Mechanisms of coordination (e.g. periodic meetings, MOU) with local health authorities established at all clinics				
1.2.3a	Follow up on the implementation status of the NGOs coordination with local level authority in the light of strategic direction provided by NHSDP in Y2.	Q1-Q4	CM & MOs have been oriented on local level coordination & strategic direction of MoHFW. During clinic monitoring the TLs verified the evidence of attendance in the Govt. monthly coordination meeting.	Completed.
1.2.3b	NHSDP Technical Leads will verify the involvement of the individual Clinic Manager in the Govt. Coordination meeting during field visit.	Q1-Q4	Following the field monitoring checklist, the Technical Leads verified the performance and reviewed evidence of CM involvement in the Govt. Local Level Planning.	Completed.
1.2.3c	Organize USAID-DFID NHSDP Advisory Committee Meeting.	Q1-Q4	Two Advisory Committee meeting conducted on 30 Nov. 2014 & 20 Sept, 2015.	Completed.
1.2.3d	Disseminate & follow up the strategic directions/decisions/action points made by the Advisory Committee	Q1-Q4	NHSDP received the meeting minutes of the Advisory Committee meeting. NHSDP communicated with MoSW & MoW&CA to develop LOC. The follow	Completed.

Sl.	Activities	Time Frame	Status	Remarks
	to all stakeholders.		up activities based on Advisory Committee's recommendation are being implemented.	
1.2.3e	Joint field visit with members of Advisory Committee (MoHFW, other ministries, USAID, DFID) & feedback to concern NGOs & provide feedback to NGOs.	Q1-Q4	NHSDP has conducted joint field visit with Director-OPHNE & Team Leader of USAID in FDSR clinics. And NHSDP accompany field visit with RIG team. Line Director, CCSDP, DGFP visited Jassore and Bhagarpara Surjer Hashi Clinics; he appreciated the performance and asked the DD-FP of Jessore to ensure sustainable supply of FP commodities to NHSDP. GO-NGO collaborative meeting was held in Comilla with higher officials of DGFP. Additional Secretary, MoHFW visited the Tajhat SH clinic & highly appreciated the performance.	Done as per plan.
Milestone 1.2.4: ≥90% of clinics have annual work plan developed in partnership with local GOB authorities				
1.2.4a	Assist NGOs to develop clinic based annual work plan involving UH&FPO, UFPO, Health Officer of City Corporation/Municipality, CS & DD-FP following the guideline provided by NHSDP in year 2.	Q1	NHSDP conducted orientation for CMs on formulation of Annual work plan involving local GOB authorities. SH clinics have developed annual work plan and shared with Govt. authorities. 98% clinics developed annual work plan.	Completed
Milestone 1.2.5: ≥90% of clinics have documented referral systems				
1.2.5a	Follow up the implementation status of the Referral System sent by NHSDP in Y2.	Q1-Q4	In the CM orientation session MHS discussed on functional referral system. During field visit TLs verified the status of referral and instructed the service providers to follow the referral guideline and flow chart.	Done
1.2.5b	Collection of attitude & performance of the service providers on existing referral system.	Q3-Q4	The performance on referral data are being collected through M&E system.	Attitude on referral has not been done due to time constrain.
1.2.5c	Identify strengths and weakness of the referral system.	Q2-Q3	The activity has not been done due to time constrain.	Not done due to time constrain.
1.2.5d	Finalize and implement MOU with Community Clinic project for referral system.	Q1-Q2	The MOU has been signed.	Completed.
Milestone 1.2.6: ≥90% of clinics submit timely reports to MOHFW authorities on quarterly basis				
1.2.6a	Harmonize NHSDP's HMIS with GoB reporting requirements to facilitate timely reporting to Govt. through need based TA to NGOs.	Q1-Q2	Advisory committee provided instruction to Director-MIS of DGFP & DGHS to harmonize HMIS of NHSDP to Govt.- MIS. Numbers of meeting were held with MIS section of DGHS, & decision was taken to Harmonize with Govt. in realistic way.	Continued as per plan.

Sl.	Activities	Time Frame	Status	Remarks
Milestone 1.2.7: ≥80% of clinics' staff/associated community group members participate in GOB local level planning				
1.2.7a	Assist NGOs to be involved in developing Govt. Local Level Planning on MNCAH-FP and on EPI, NID, Safe motherhood day, World Population Day etc.	Q1-Q4	In the CM orientation session CMs also received orientation on how to be involved in the Govt. LLP. Advisory Committee also provided strategic direction to NHSDP to be involved in the Govt. LLP. This is monitored during field visit. As per self-assessment 93% clinics are involved in LLP.	Done
1.2.7b	Collect & disseminate information on national level decision to implement MNCAH-FP activities to NGOs, and Develop a guideline to assess the opportunity in Govt. and other NGOs activities to increase performance of the SH clinics.	Q1-Q4	Decisions of NTC on FP for last 5 years have been collected, and relevant information is being disseminated to NGOs. A guideline will be formulated on coordination among FWA, HA & CSP.	Done
1.2.8a	Develop agreement of collaboration (MOU) with MaMoni	Q1	The LOC has been signed.	Done
1.2.8b	Establish collaboration with MaMoni in seven districts including Habiganj, Noakhali, Lakhsmipur, Bhola, Pirojpur, Jhalokathi and Brahmanbaria	Q2	No. of discussion was done with MaMoni and collaboration will be more strengthen as per MOU.	Follow up activities will be done as per LOC.
1.2.8c	Conduct detailed mapping of the locations-pockets of underserved and hard to reach areas in these districts	Q2	The mapping of the underserved area will be done with collaboration of MaMoni in year 4.	Follow up activities will be done as per LOC.
1.2.8d	Improve the MNHFPN coverage with specific focus in isolated hard to reach areas like Hatiya (Noakhali) and Monpura (Bhola) through new static and satellite clinics, or relocating clinics.	Q3	On the basis of feasibility and rationalization the new static/satellite will be established following LOC.	Follow up activities will be done as per LOC.

Sub IR 1.3: Enhanced sustainability of ESP delivery through innovative financing structures

Sl.	Activities	Time Frame	Status	Remarks
Sub IR 1.3 Milestone 1: Rational cost-recovery and program income expenditure plan is developed and submitted for each NGO and approved by USAID				
1.3.1a	Visit and assist 2 NGO's on the Business Plan Template.	Q1	Done	
1.3.1b	Based on situation Analysis from the two NGOs the Business Plan (including Rational Cost recovery and program income expenditure Plan) will be finalized.	Q1	Done	
1.3.1c	The Business Plan template will be sent to NGOs for preparation of	Q1	Done	

Sl.	Activities	Time Frame	Status	Remarks
	the workshop.			
1.3.1d	Visit NGOs and their clinics to collect required additional information to develop the Rational cost-recovery and program income expenditure plans.	Q1-Q2	Done	
1.3.1e	Develop Rational cost-recovery and program income expenditure plan for the NGOs	Q1-Q3	On going	
1.3.1f	Orient/disseminate customized cost recovery plan (Business Plan) for each NGO.	Q2-Q3	On going	Draft Business Plan of NGOs already completed as per template
1.3.1g	Monitor NGO quarterly performance by their Cost Recovery Rate	Q3-Q4	On going	
1.3.1h	Provide necessary TA on the established customized Business Plans based on NGOs need.	Q3-Q4	On going	
Sub IR 1.3 Milestone 3: Updated ESP costing study conducted				
1.3.3a	Revise SOW and prepare budget		Done	
1.3.3b	IRB application and tool review and adaption		Done	
1.3.3c	Tool testing and data collector training		Done	
1.3.3d	Data collection		Done	
1.3.3e	Data analysis and report		Under Process	
1.3.3f	Review the cost of the previous year and Compare the cost of services with the current year			Dissemination of the study report will be by Jan 2016
Sub IR 1.3 Milestone 5: A network of 'pharmacies will be set as part of 'New Business' initiative and the profits will be ploughed back to support the Surjer Hashi clinic operation costs. In the first phase, the plan is to establish at least 15 such pharmacies				
1.3.5a	Assist NGOs for applying SH Pharmacy License after due compliances on Drug Administration Rules and Regulations and trade license procurement	Q1-Q4	11 drug licenses received from regulatory authority (7 NGOs)	
1.3.5b	Procure services of firm for implementation of interior designing.	Q1-Q4	Selected and developed standard implementation manual for interior designing and renovation	
1.3.5c	Contract IT/system firm for developing sales software for pharmacies	Q1-Q4	MIS software for Pharmacy already developed	
1.3.5d	Interact with Corporate clients for funding 'Pharmacy Network'	Q1-Q4	On going	
1.3.5e	Establishment/renovation of 16	Q2-Q4	4 outlets renovated as per standard	

Sl.	Activities	Time Frame	Status	Remarks
	pharmacies for pilot		implementation manual	
1.3.5f	Train Drug sellers on developed MIS software.	Q4	On going	
1.3.5g	Marketing and promotion of the Surjer Hashi branded Pharmacies with Ad agency.	Q1-Q4	Under process	
1.3.5h	Monthly reporting of Pharmacies to NHSDP/Business Cell including M&E indicators	Q4	Started reporting using Pharmacy MIS software	
Sub IR 1.3 Milestone 7: Collaborations worked out with corporate who would support SH NGO operation, expansion and intervention that could be in form of cash, kind or even a joint initiative relating to their common interest				
1.3.7a	Develop corporate partnership/CSR strategy paper.	Q1	Done	
1.3.7b	Interaction with corporate clients for funding and partnerships	Q1-Q4	On going	
1.3.7c	Signing of MoUs with corporate clients on CSR	Q1-Q4	On Going	
1.3.7d	Facilitate implementation of CSR	Q1-Q4	On going	

IR: 2. Optimal Healthy Behavior Promoted

Sub-IR 2.1: Healthy behavior and care seeking practices improved through behavior change communication /knowledge management

Sl.	Activities	Time Frame	Status	Remarks
Milestone 2.1.1: BCC materials (e.g. print messages, radio spots) developed/adapted from BCWG-identified best practices and resources				
2.1.1.a	Guide and facilitate SH NGO/clinics and NHSDP partners in maintaining USAID-DFID NHSDP Branding and Marking in the NHSDP communication materials	Q1-Q4	Branding guideline sent to NGOs. In addition a training session on branding and marking policy took place in BCC and CM training on regularly	Comprehensive branding guideline sent to NGOs for maintaining proper branding in their marketing and communication materials
2.1.1.b	Conduct BCC materials needs assessment for identifying the health areas where new BCC materials need to be developed and review gold standard BCC materials from BCCWG	Q2-Q2	Prioritization of materials was made by the thematic leads which was endorsed by the CoP	
2.1.1.c	Identify areas to develop/adapt BCC materials for promoting family planning, ARI, ARH, safe delivery, nutrition and exclusive breastfeeding (EBF) etc.	Q2	Prioritization of materials was made by the thematic leads which was endorsed by the CoP	
2.1.1.d	Produce (print and reprint) and distribute BCC materials to the	Q2-Q3	Developed five new BCC materials: Five BCC materials by title and quantity;	Those have received

Sl.	Activities	Time Frame	Status	Remarks
	NGO		Flayer on Four meals a day 14,00,000; Birth Preparedness Card18,00,000; EBF brochure 9,00,000; ANC Leaflet16,00,000; ARH brochure7,00,000. Reproductions: Three BCC materials titled; Ludo 10,000 (Snake & ladder game) for spousal communication, EoC card 70,000 for pregnant women, and LARCPM brochure 70,000 for ELCOs	approval of the IEC Technical Committee of MoHFW for production and distribution These materials are delivered to all the SH clinics
2.1.1.e	Develop BCC material user guidelines and video to strengthen skills in BCC material use to be used in the "integrated training."	Q3	BCC material user guidelines developed & sent to NGOs/Clinics along with the materials. An orientation video has been developed to sustain knowledge and practices on effective use of BCC Materials	The video has been developed and the review process is going on to finalize
2.1.1.f	Develop concept for the 1 TVC spot on NHSDP priority service (CH/MH) deliveries	Q2	Developed concept for a TVC highlighting Mayer Bank, three day vigilance and Red Flag as community support for pregnant mothers	
2.1.1.g	Develop TVC script and story boards for the TVC spot on NHSDP priority service deliveries	Q3	Developed script and story boards for the TVC spot on the above mentioned MH services	
2.1.1.h	Pretest TVC script and story boards and arrangements for airing the TVC spot on NHSDP priority service deliveries	Q3	Pretesting is in process for the TVC on the above mentioned MH services	
2.1.1.i	Air TVC on NHSDP priority service deliveries	Q3-Q4	A TVC of 60 second focusing SH clinic's comprehensive health services continued for airing in two national TV channel, ATN Bangla and Channel-I, for 25 times. Following the TVC messages and illustrations 25 times RDC also aired in popular FM channel the Radio Today	
2.1.1.j	Assess community awareness, and understanding, from airing of TVC	Q4	Instant feedback received from the NGO and community revels the satisfaction and understanding	
2.1.1.k	Develop guideline for orienting SH NGO/Clinics on revised branding on different clinic display materials following new brand and marking identity	Q2	A training session on branding and marking policy has been introduced in BCC and CM training	A comprehensive branding guideline sent to NGOs for maintaining proper branding in their marketing and communication materials
2.1.1.l	Customize previous NSDP promotional electronic materials (including video) and reproduce	Q2-4	A 26 episodes drama serial, 6 TVCs and a music video of 7 health songs of NSDP period have been customized and edited	Have been produced and distributed to

Sl.	Activities	Time Frame	Status	Remarks
	for NHSDP NGOs/clinics to screen for waiting clients		following the current technical information and branding. Distributed to use at the clinic level for the customers who are visiting the clinics	391clinics
2.1.1.m	Design birth certificate, newlywed couple appreciation certificate, red flag for ANC mother identification and birth day wishing card etc.	Q1	Birth certificate, newlywed couple congratulatory certificate, red flag for ANC mother identification and birth day wishing cards design developed and sent to NGOs that also inserted in Brand Manual and sent to NGOs	
2.1.1.n	Develop generic video of SH clinic promotion (promote common image of the NHSDP and their NGOs offering ESD) to be displayed by the SH clinics for community watching at local level	Q2-Q3	To sensitize stakeholders from national level and the local level about SH clinic network an NHSDP promotional video has been developed	This is now under approval process
2.1.1.o	Organize 5-day message development workshop to help NGOs develop/adapt BCC materials	Q2	Prioritization of materials was made by the thematic leads which was endorsed by the COP	
Milestone 2.1.2 Capacity building/training of the clinic level staff conducts BCC outreach activities to enhance their BCC and Community Mobilization skills				
2.1.2.a	Modify BCC/CM training curriculum for the clinic manager and service promoter	Q1	Modified the BCC/CM training curriculum for the clinic manager and service promoter	The ToT on IPC/C to 669 Clinic Managers, Counselors and NGO HQ representatives of 329 SH clinics has been completed within year 2
2.1.2.b	Prepare comprehensive training plan to provide training on BCC/CM to 1116 Service Promoters and Clinic Managers of 330 SH clinics in 39 batches with the updated curriculum	Q1	Training plan has developed to provide training on BCC/CM to 306 SH clinics in 39 batches with the updated curriculum and circulated to all NGO for their timely participation in the training	Some NGOs has opted to not receive this training due to their budget constraints
2.1.2.c	Organize BCC/CM training regionally by sub-stations	Q1-Q3	Organized BCC/CM training at four substation of the NHSDP	
2.1.2.d	Include information of staff evaluation in the database out of the participation of the training participants in the BCC/M training	Q1-Q3	Data entry is going on	
2.1.2.e	Prepare a report on participant evaluation of the BCC/CM training	Q3	Report is under process	
2.1.2.f	Plan for translating BCC/CM training into the community-driven BCC/CM approach from the community roadmap and SHCSG action plan perspective	Q4	A joint planning format on BCC/CM has been developed and introduced in BCC/CM training	

Sl.	Activities	Time Frame	Status	Remarks
2.1.2.g	Plan for translating BCC/CM training into the community-driven BCC/CM approach from the SH clinical staff perspective	Q4	A joint planning format on BCC/CM has been developed and introduced in BCC/CM training	
2.1.2.h	Conduct TA visits to SH NGO/clinics and to community roadmap groups to observe the process of how the information gained in the BCC/CM training is being used by SPs and SHCSGs	Q4	Selected clinics conducted with the TA visits	
2.1.2.i	Develop guidelines, based on the community visit reports produced as part of 2.1.2 g, to help NGO and SHCSGs develop action plans that match community needs.	Q4	The idea of interactive Q/A guidebook has been evolved with the TA visits	
Milestone 2.1.3 Implement clinic level monitoring system				
2.1.3.a	Develop guideline to use BCC monitoring tool	Q1	Clinic level BCC activity monitoring tool & guideline has been developed and provided TA on using this guideline is given in course of BCC and CM training	
2.1.3.b	Follow-up practicing of BCC monitoring tool by the NGOs	Q3-Q4	Follow-up to the NGOs on using of the tools made on periodical basis	
2.1.3.c	Monitor practicing of training follow-up guideline for IPC/C by the NGO/Clinic	Q1-Q4	Monitoring on using of the tools made on periodical basis	
2.1.3.d	Follow up and TA to SH NGOs to conceptualize utilization of BCC monitoring tool, training follow-up guideline for IPC/C and implementation of mystery client tools Organize consultative meeting with the NGOs.	Q1-Q4	Conducted consultative meeting with the NGOs	
2.1.3.e	Monitor in-clinic training programs for following up in-clinic cascaded IPC/C training for rest of the clinic staffs and CSPs	Q1-Q2	Follow-up tool developed; 198 clinics cascaded this training which covered 5332 clinic staffs and CSP eventually by this reporting period.	
2.1.3.f	Provide TA to SH NGOs in implementing of Mystery Client concept to monitor the SH clinics quality services	Q1	An orientation on Mystery Client was organized with the PM and MOs of 6 NGOs those have headquarter in Dhaka at NHSDP. In this orientation program 6 NGOs were oriented about how they can implement Mystery Client concept in pilot basis in to their clinics	Due to budget constraint NGOs were not able to do this, however BCC team conducted the visit directly
2.1.3.g	Monitor the implementation of mystery client concept in piloting clinics	Q1-Q2	Due to budget constraint NGOs were not able to do this, however BCC team conducted the visit directly	
2.1.3.h	Replication and scaling-up Mystery Client interventions in to other clinics	Q1-Q4	BCC team conducted the MC visit directly; Four different checklists were used as ANC, FP, LCC and Child Health	Report is under process

Sl.	Activities	Time Frame	Status	Remarks
			and covered 58 urban and 42 rural clinics covering 27 districts of the country. Out of this, 4 are ultra-B, 20 Ultra-C and 76 vital clinics. Each of the checklists has 20 indicators with three broad areas such as Clinic environment, counseling and service provider.	
Milestone 2.1.4: Harmonize BCC/KM strategy				
2.1.4.a	Participate BCWG and other BCC forum regularly and link/build up with the BCWG best practices in conjunction with the BCC interventions of NHSDP	Q1-Q4	Participation in BCWG meeting is ongoing	BCC materials as planned and developed by NHSDP shared with the BCWG in their regular meetings
2.1.4.b	Introduce BCWG e-toolkit in to the NHSDP clinics and bring in to utilization	Q1-Q4	280 net books delivered to 280 SH clinics with user's guideline. Also orientation on the use of e-toolkit has been provided in the BCC/CM training	To provide orientation on using of this e-toolkit, two sessions has been introduced in BCC and CM training, One on the e-toolkit learning course and another on the e-health toolkit
2.1.4.c	Follow-up practice and utilization of e-Toolkit at the clinic level	Q4	Guidelines have been provided and periodical follow up is going on	
2.1.4.d	Provide TA to the NGO/clinics to harmonize and collaborate with USAID and DFID partner agencies in organizing health awareness programs at national and local level	Q1-Q4	The BCC/KM strategy developed & approved by USAID during Q4	Harmonization and collaborations is being carried out through partnerships
2.1.4.e	Strengthen and establish community and facility links between government and USAID NGO's through observation of 8 special events	Q1-Q4	Out of 9 NHSDP listed special days, 8 special days observed in this reporting period. In this regard, comprehensive guidelines were developed and sent to all the NGOs.	This process in ongoing
2.1.4.f	Provide TA to SH NGO/Clinics and SHCSGs in organizing of special day events related to health and also observe special days at national level (participate in national events)	Q1-Q4	To observe special day and for creating a festive mode in the clinics in conjunction with the theme of the day, guideline and factsheets were developed so that NGOS and SHCSGs can manage their knowledge to disseminate standard and consistent message on these days.	This process is ongoing and based on NGO needs necessary supports are provided
2.1.4.g	Provide support in development of special day observation materials	Q1-Q4	Focusing the theme of day banner design and other BCC materials like road island	

Sl.	Activities	Time Frame	Status	Remarks
			decoration pieces also developed & sent to them.	
2.1.4.h	Develop guideline and factsheets related to special days topics so that NGOs and SHCSGs can manage their knowledge to disseminate standard and consistent messages on the theme of the day	Q1-Q4	To observe special day and for creating a festive mode in the clinics in conjunction with the theme of the day guideline and factsheets were developed so that NGOS and SHCSGs can manage their knowledge to disseminate standard and consistent message on these days.	
2.1.4.i	Develop guidelines for the use of mobile and electronic tools in NHSDP	Q2	Developed & sent to NGOs	
2.1.4.j	Develop street theatre script on 5 priority health issues , and develop video skit on 5 priority health issues to show in the community Assist NGOs to organize folk talent programs, community video watching, and street theatre (on 5 priority health issues) in their catchments specially focused to underserved groups .	Q1-Q4	To raise household knowledge and health seeking behavior six street drama scripts has been developed and initiated in developing the demonstration video	The scripts has undergone in to review process by the Thematic Leads
2.1.4.k	Organize one time demonstration show of street theatre for each of the NGOs to model standard way of conducting/staging the drama. This will assist the NGOs in organizing the shows appropriately with interactive discussion.	Q2-Q4	Following the finalization of the script organizing the demo show will be carried out	
2.1.4.l	Develop interactive Q&A guide for field workers to use at the end of community events to conduct interactive discussion.	Q2-Q3	Q&A guide book developed and now in review process	
2.1.4.m	Guide and facilitate SH NGO/Clinics in organizing awareness events in schools and colleges on adolescent health, hygiene and nutrition issues	Q1-Q4	Guidelines for schools program fact sheets on ARH issues & quiz sent to NGOs Provided necessary TA to NGOs for organizing such type of events so that clinics can involve wider groups of the community and expand their coverage	
2.1.4.n	Explore the opportunities of media leveraging and establish partnership with media. Organize National level media dialogue with senior journalists	Q2	Organized one national level media dialogue with 32 national level print and electronic media journalists in Dhaka. The regional level held at Rajshahi with 35 regional level print and electronic media journalists	
2.1.4.o	Organize Journalist visits to SH clinics and catchment area to highlight NHSDP success stories	Q1-Q4	Considering NGO/Clinic's successes/best practice these visits were arranged which resulted 14 news features in national /local level newspapers and 1TV reporting broadcasted in the national news of GoB TV channel, BTV	

Sl.	Activities	Time Frame	Status	Remarks
2.1.4.p	Organize consultative meetings with journalists. Liaise with media and provide needs base support for publishing/airing of NHSDP stories	Q1-Q4	Organized one national level consultative meeting with 32 national level print and electronic media journalists in Dhaka.	
2.1.4.q	Establish media partnership to promote NHSDP, its health services and the service delivery sites	Q1-Q4	Explorations are on for such partnership	
Milestone 2.1.5: Promotion of exclusive breastfeeding				
2.1.5.a	Conceptualize the effective message and materials promoting EBF in the SH catchments Conceptualize the effective message and materials promoting EBF in the SH catchments	Q1	Message developed to use in the print materials. Guidelines developed for the NGOs and clinics to promote EBF by locally appropriate messages	
2.1.5.b	Develop IEC materials on the EBF and promote outreach and in-clinic staff to disseminate messages	Q1-Q2	9,00,000 brochure on exclusive breastfeeding developed and sent to all NGOs/Clinics	
2.1.5.c	Guide SH NGOs to develop local level health messages to promote exclusive breast feeding	Q1-Q4	Necessary TA is ongoing to develop local level messages for promoting EBF To raise households knowledge and health seeking behavior on EBF one street drama script has been developed and initiated in developing the demonstration video	
Sub-IR 2.2 : Communities are actively engaged in promotion of healthy behaviors and care seeking practices				

Sl.	Activities	Time Frame	Status	Remarks
2.2 Milestone 1 : Increased satisfaction among the targeted communities (>90%) with NGO clinic services				
2.2.1a	Develop system whereby clients can share their satisfaction/dissatisfaction regarding the services received from clinics with the SHCSGs that referred them to services.	Q1	Key questions for FGD with SHCSG to assess client's satisfaction have been developed tested and conducted by CMA & US. Client's satisfaction issue is being discussed as one of the key agenda in SHCSG monthly meeting.	Leader of the SHCSG shares client's satisfaction in quarterly meeting at static clinic.
2.2.1b	Share the tools and guidelines for assessing clients satisfaction/dissatisfaction with NGO (PDs)	Q1 & 2	These tool and system has been included in the training module developed for SPs to be trained SHCSG leaders. Training SPs is going on. Already 399 SPs has been trained.	Trained SPs are introducing it with SHCSGs.
2.2 Milestone No. 2, 3: Strengthen community mobilization through linking the SH clinics (≥70%) with community groups and groups of mobilized local influential stakeholders that participate in health planning & mobilization activities				
2.2.2a	Identify the ways to involve community people with existing Advisory Committee of SH Clinic and other institutions (public &	Q1	Ways and process of involving more potential people with SHCSGs/Advisory Committee has been elaborately described in the community mobilization	Both the training is going on and will be continued in Y4.

Sl.	Activities	Time Frame	Status	Remarks
	private) in decision-making process for increasing access and utilization of services.		Manual and is being discussed during training for SP and Clinic Manager.	
2.2.2 b	Adaptation of CmSS model with the existing Surjer Hashi NGO Network as pilot initiative in few selected clinic at aiming to mobilize community for increasing access to health services of SH Clinic for poor and PoP.	Q1	Manual on Community Mobilization has been developed following CmSS Model.	Activities are being implemented at community and clinic level by SPs.
2.2.2.c	Adapt and implement CmSS approach to community roadmap development (using the Pathways to Change and SAA techniques as appropriate)	Q1-Q 2	Steps and process of Community Action Planning has been developed and started introducing with SHCSGs adapting CmSS model.	A total of 3447 SHCSG has developed CAPs.
2.2.2. d	Provide guidelines for the community to select additional members of the SHCSG	Q 1	Included in the community mobilization manual/guideline and Training module for SHCSG leaders	Training is going on.
2.2.2 e	Inventory current SHCSGs to identify the range of activities they currently perform	Q 2	Done.	
2.2.2. f	Train SHCSG members to construct detailed and actionable community maps.	Q1, Q 2	399 SPs have been trained on developing community map.	2890 SHCHGs have prepared Community Maps.
2.2.2. g	Train SHCSG members to make referrals to SH clinics in which a recommendation of low-economic status is noted	Q1, Q 2	Community Referral System has been developed and introducing with SHCSGs through training for SPs.	Will be continued in quarter Y4.
2.2.2 h	Train SHCSG members to debrief with SH clinic referrals to assess their satisfaction with the services provided.	Q1-Q2	Included in the community mobilization Manual.	Sharing the process of debriefing with S H Clinic through SP training.
2.2.2. i	Train SHCSG member to create action plans with different groups of stakeholders (e.g local women and youth, ricksha pullers, pharmacists, mosque committees, construction workers, etc.) that helps them coordinate with SH clinics to increase demand for ANC, safe delivery, PNC, ARI & ENC services and hygiene promotion.	Q 2	During training for SPs, a practical session has been conducted on how to create action plans with different groups. Up to Q3, 3447 action plans have been developed by SHCGs.	It will be continued in Q 4.
2.2.2 J	Facilitate quarterly community meetings in which the SHCSG (with representation from SH clinic providers) reports back on their accomplishments, updates on the various action plans, and reviews	Q 2 & 3	This mechanism has been shared with NGOs but not in practice because of budget limitation.	Client's feedback collected and shared with clinic staff by SHCSG leaders.

Sl.	Activities	Time Frame	Status	Remarks
	client satisfaction reports			
2.2.2. k	Develop guidelines for SP monitoring of all 2.2.2.1 activities		No yet done.	Will be developed in Y4.
2.2.2 l	Using data collected as part of 2.2.2.1 h, conduct an assessment of the pilot and initiatives taken under the activity No. 2.2.2c and make recommendations for needed modifications to permit scale-up.	Q2-Q3	Not yet done.	It will be done in Y 4.
2.2.2 m	Share the findings and recommendations of the assessment (piloting of CmSS Model for community mobilization) with all NGOs through consultation workshop and prepare a roll out plan	Q 2	Piloting is going on. Findings and recommendations will be shared in Q 4.	Findings would be shared with others in Y4.
2.2.2 n	Involve different COBs to collaborate with and support the NGO network of SH clinics to increase demand for ANC, safe delivery, PNC, ARI & ENC service and Hygiene Practices.	Q 1 & 2	Process and template for planning to involve different COBs has been sharing with CM and SPs. Full implementation will be completed in Y4.	Stakeholders meeting will be held in Y4.
2.2.2 o	Review and revise Job Description (JD) of Clinic Managers, SPs and CSPs (as mobilizer and counselor) to include their role in establishing effective SHCSG in urban and rural areas	Q 1	According to the Community Mobilization guideline JD for SP, CSP has been revised in quarter 2.	Waiting to be printed.
2.2.2I p	Develop an orientation Manual for the selected leaders (3 from each SHCSG) on their roles and responsibilities and especially community mobilization to increase service promotion of SH Clinic.	Q 1&2	Ongoing, according to the training module.	To be completed by 1st quarter of Y4.
2.2.2 q	Provide orientation to Clinic Managers SP and CSP on the roles and responsibilities of SHCSG following the manual to be developed under the activity No.2.2.2 c	Q 1	Orientation on community mobilization to Clinic Mangers has done. SPs are going on. CSP will be covered through integrated training.	To be completed in Q1 of Y4.
2.2.2 r	Revitalize SHCSG through orientation on their roles and responsibilities.	Q 2, 3&4	Day long training/orientation is going on by SPs at clinic level to provide orientation to SHCSG.	To be continued in Q 1, Y4
2.2.2 s	Provide TA to project office on strengthening community groups' activities during the regular visit of project staff	Q1-Q4	Visited S H Clinics/ satellites and shared visit findings with clinic staff.	To be continued.

Sl.	Activities	Time Frame	Status	Remarks
2.2.2 t	Establish linkage between SH clinic and CARE BD Workforce engagement program to reach the readymade garments workers with information and referral services relating to health.	Q 1	2nd meeting held in quarter 3 to draft a MoU.	The MoU will be signed in Q 4.
2.2.2 u	Share findings of the pilot initiatives (Young Married Women's Group/Women's Club in urban slums) with all NGOs during Quarterly Performance Review Meeting for wider replication.	Q 1	Pilot initiative has been taken in three municipalities.	Will be replicated in all static clinics in Y4.
2.2.2 v	Formation of Young Married Women's Group/Women's Club in urban slums with social support, referrals for MH and FP services in a few selected areas for piloting ANGEL Model.	Q 2 & Q3	Five young mother's club has been formed on pilot basis in three municipalities.	Piloting will be done in more municipalities.
2.2.2x	Develop concept note detailing how a PBG might be used to encourage NGOs to reward clinics for supporting the "BCC/CM" process.	Q 3	Not done.	
2.2.2y	Identify urban based NGOs and establish linkage to provide information, referral services via satellite clinics.	Q 1	Concept paper drafted.	The draft concept paper will be finalized and shared with all NGOs through quarterly performance review meeting.
2.2.2z	Develop training sessions on WASH to be incorporated with integrated training package and include WASH as topic in different meetings, orientations at community level	Q 1	Sessions drafted.	Will be included in Integrated Training for SPs.
2.2.2aa	Identify NGOs/development partners working on WASH for local level collaboration with SH Clinics and sign MoU	Q 2	Tools and guideline for NGO has been drafted.	It will be shared with all NGOs in Quarterly Program Review Meeting.
2.2.2 bb	Sign MoU with different City Corporations and District Municipalities for avoiding duplication of clinical services by other providers	Q 2 & 3	LoC drafted and finalized with UPHCSDP and UPPR-UNDP.	To be signed in Q 4.

IR 3: Local Ownership of Service Delivery Enhanced

Sub IR 3.1: Institutional Capacity of all local NGO partners strengthened

Sl.	Activities	Time Frame	Status	Remarks
Milestone 1, 2, 3: Develop pre-determined capacity building benchmarks based on baseline analysis & roadmaps and all NGO partners achieve at least 90% of capacity building benchmarks identified in roadmaps				
3.1a	Assist NGOs on developing and operational zing staff retention strategies including financial and non-financial strategies (Technical Assistance mode)	Q1-Q4	On going	
3.1b	Review functionality of NGO IS team and status of capacity building Roadmap	Q1-Q4	On going	
3.1c	Assist ten selected NGOs on Strategic Plan development (including vision, mission and value statement formulation)		Dropped during modification	
3.1d	Training on new projects and CSR proposal writing including project logical framework		Dropped during modification	
3.1e	NGO level workshop on identification and leveraging of local income options (TA mode)	Q1-Q4	On going	
3.1f	Technical assistance to review and update / operational NGO HR Policies including updated organogram and appropriate gender related policy items	Q3, Q4	On going	
3.1g	MOCAT assessment of NGOs	Q1-Q4	Dropped to be done in Y4	
3.1h	Continued mentoring on Governance, Management and Leadership	Q2-Q4	On going	

Sub IR 3.2: Up to two local NGO partners transitioned to direct USAID grantees

Sl.	Activities	Time Frame	Status	Remarks
Milestone 1,2,3: Institutional strengthening milestones linked to pre-award assessments developed Up to two local NGO partners identified for eventual transitioned to direct USAID grants approved by USAID Up to two local partners successfully complete a pre-award assessment them eligible to receive direct grants from USAID				
3.2a	Institutional strengthening milestones linked to pre-award assessment developed		Completed	
3.2b	Up to two local NGO partners identified for eventual transition to direct USAID grants approved by USAID		Completed	
3.2c	Up to two local partners successfully complete a pre award assessment making them eligible		Unsuccessful	

Sl.	Activities	Time Frame	Status	Remarks
	to receive direct grants from USAID			

Annex C: NHSDP Visibility (Publications & Communications)

Sl	NHSDP Visibility Events/materials	Status	Time of Publication
1	NHSDP BRIEF on USAID-DFID Chittagong Visit	Printing & Online	November, 2014
2	NHSDP BRIEF on USAID VIP Visit in Jessore	Printing & Online	October, 2014
3	NHSDP poster on LARC	Printing & Online	October, 2014
4	BRIEF on NHSDP At A Glance	Printing & Online	November, 2014
5	NHSDP BRIEF on 'USAID-DFID NHSDP Advisory Committee'	Printing & Online	December, 2014
6	NHSDP Quarterly Newsletter (October-December, 2014)	Shared through online and printed version	January, 2015
7	News in DGFP e-Newsletter http://us2.campaign-archive1.com/?u=88c358bf63a8853f0a802d9c8&id=6bf0016aa6&e=5c45ad154e	Directorate General Family Planning e-Bulletin	January, 2015
8	Airing of video program on Sexual & Reproductive Health with COP, NHSDPs interview https://www.youtube.com/watch?v=wT3_W1qxbS8	TV Channel (Desh TV) featuring 'Jiboner Golpo' This is a collaborative effort of USAID and VOA.	January 24, 2015
9	Surjer Hashi Network activities and community involvement https://www.facebook.com/DRC.VOA?ref=hl	USAID-VOA Facebook page	January 24, 2014
10	Feature on Tuberculosis and Women written by COP, NHSDP	National Newspaper (The Daily Sun)	March, 2015
11	Feature on Role of humanity and women empowerment in women's health-written by COP, NHSDP http://www.bhorerkagoj.net/epaper/2015/03/13/4/details/4_r3_c1.jpg	National Newspaper (The Daily Bhorer Kagoj)	March, 2015
12	Video projection of NHSDP TVC's through partner organization's channel of communication	10 Mobile Video projection teams of Social Marketing Company	March, 2015
13	1.2 million women receives FP services from SH clinics-web site	VOA-Dhaka Reporting Center	April 6, 2015
14	18% adolescent uses old clothes during menstruation and the activities of SH clinics - Newspaper	National Newspaper 'The Daily Prothom Alo'	May 10, 2015
15	Media Dialogue with Journalists on SH clinic roles in health care-Newspaper	National Newspaper 'The Daily Ettefaq'	May 11, 2015
16	Social movement is required to raise health awareness-role of SH clinics-Newspaper	National Newspaper 'The Daily Manabkantha'	April 24, 2015
17	24 million people getting health services from SH clinics-Newspaper	National Newspaper 'The Daily Inqulab'	April 24, 2015
18	Stronger Media, NGO alliance needed for better healthcare-Newspaper	National English Newspaper 'The Daily Inqulab'	April 25, 2015

Sl	NHSDP Visibility Events/materials	Status	Time of Publication
19	NHSDP BRIEF on Abstracts for ICUH 2015	For ICUH 2015	May 24-27, 2015
20	NHSDP BRIEF on ICUH 2015	On NHSDP participation in ICUH 2014-2015	June, 2015
21	NHSDP posters on adolescent health, waste management and community mobilization	Presented at ICUH 2015 May 24-27, 2015	
22	Around 30 news published on SH clinic network in local newspapers from April-June, 2015	In almost 64 districts of Bangladesh	
23	Talk show in ATN Bangla with ICUH organizers	Popular TV channel	May 28, 2015
24	Exclusive interview of Dr. Halida Akhter, COP, NHSDP on Maternal & Child Health in Ekushey TV	Popular TV channel	June 7, 2015
25	NHSDP 'BRIEF' on NHSDP (Surjer Hashi clinics) won 457 awards in World Population Day	NHSDP Publication	August 01, 2015
26	Feature on Inauguration of Surjer Hashi Outdoor pharmacy-newspapers	National Newspapers-The Prothom Alo and Samokal	August 19, 2015

Annex D: Report on Environmental Mitigation and Monitoring Plan (EMMP)

Sl	List each Mitigation Measure in the EMMP Mitigation Plan	Status of Mitigation Measures	Outstanding issues relating to required conditions	Remarks
1	Clinic staffs do not handle waste properly-handling, segregation, storage and disposal. Capacity building of Clinic staff on medical waste management	Waste management plan developed and approved by USAID.		Two training on Infection prevention organized at Khulna April'15 and one refresher training on IP during June'15. Orientation on waste management plan organized on 8 June'15. TOT on Infection prevention organized at Dhaka on March'15 (Q2).
2	Lack of linkage between Govt. or NGOs involved in waste disposal for off-site disposal of medical waste	34 SH clinics in Dhaka, 9 clinics in Chittagong and 17 clinics in Khulna are practicing off-site waste disposal through Prism Bangladesh, Innovation Sheba Shagshta and Prodipan respectively. In addition, 68 clinics are ensuring off-site medical waste disposal through City Corporation or the municipality waste disposal system.	Remaining SH clinics will start by Q3	
3	In rural and remote areas off-site disposal of medical waste are difficult due to absence of Govt. and private facilities.	Discussion going on with community people and SHCSG to manage a place to build a burial pit	Few clinics build burial pit in their clinic premises where places are available or convenient	

ANNEX E: NHSDP Trainings

Sl	Name of Course	Duration	Theme	Place	Types of Participant	# of trainee
1	Drug Seller Training	05 days	MIS software and standard operational manual for Pharmacy	Khulna	Pharmacist	**2**
2	LAPM Training for doctors	18 days	Clinical training on IUD and implant insertion and perform tubectomy and vasectomy	Dhaka	Doctors	**9**
3	LAPM Training	12 days	Clinical training on IUD insertion and assist doctors for implant, tubectomy and vasectomy	Dhaka	Paramedics	**10**
4	IUD training	6 days	Clinical training on IUD insertion	Dhaka	Paramedics	**23**
5	Implant Training	3 days	Clinical Training on implant insertion	Dhaka	Doctors	**10**
6	PPFP Training	3 days	Clinical Training on IUD insertion in postpartum women	Chittagong , Dhaka	Doctors & paramedics	**38**
7	LAPM training	2 days	Information on FP methods on programmatic issues	Dhaka	Doctors	**25**
8	Integrated Training	4 days	Information on FP methods, PPFP, PAC-FP	Dhaka	Service Promoters	**25**
9	Integrated Training	4 days	ANGEL Model and HTSP	Dhaka	Service Promoters	**25**
10	Adolescent Friendly Health Services Training	4 days	Attitude of service providers to the adolescents at service centers	Barguna	Paramedics and Counselor	**25**
11	BCC and Community Mobilization Training	4 days	Enhance knowledge and ability to conduct community outreach BCC and engage community in health information sharing	Dhaka, Gazipur, Bogra, Comilla, Chittagong Madaripu, Barisal	SP, CM, PD/ PM	**1008**
12	Comprehensive Newborn Care Package (CNCP).	5 days	Newborn care	Dhaka	Doctors and paramedics	**72**
13	Newborn resuscitation, management LBW babies and sick newborns	5 days	Newborn care	Dhaka	Paramedics	**20**
14	Helping Babies Breathe (HBB)	2 days	Newborn care	Dhaka	Paramedics	**10**
15	Direct Nutrition Intervention (DNI) focusing on Growth Monitoring and Promotion (GMP)	1 day	Nutrition	Dhaka	NGO Monitoring Officer, Paramedic, Counselor, CSP	**70**